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Holistic aspects in the elderly care

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Declaration:

I declare to have elaborated my dissertation thesis on the topic of Holistic aspect in the elderly care independently, only under use of sources and references stated in the list of references quoted.

I declare that, in accordance with § 47b of Act No. 111/1998 Coll., as amended, I agree that my Dissertation thesis is made public, in unabbreviated form, in electronic way in the publicly accessible part of the STAG database operated by the University of South Bohemia in České Budějovice at its websites.

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Motto

Never late

Goethe was 83years old and he finished his immortal literary work – Faust.

Verdi was 80 years old when hi finished the Falstaff.

Winston Churchill was 62 years old when he started as prime minister.

Harry Trumant was 50 years old when he had senator, 61 years old had president of US, till 69 years old.

Ronald Regan had president 70 years old, till 77 years.

Jimmy Carter had 58years Emory University professor, 67 years old when he established Atlanta Program in front of poverty and with voluntary workers they build houses for the low income families.

Mother Teresa was 69 years old when she got Nobel peace prize for the Calcutta job.

(Confield, Hansen, 2005)

Abstrakt

Evropské společnosti stárnou. Starší lidé tvoří větší část obyvatelstva. Již nepracují, aktivní fáze jejich života skončila. Stále však mají před sebou poslední fázi života, kterou by chtěli strávit užitečně, uspokojivě a smysluplně. Poměr staršího obyvatelstva v sousedních zemích i v jiných zemích středoevropského regionu je nižší než v Maďarsku. Avšak indexy věkového rozdělení jsou ve většině zemí Evropské unie různé (Bagyinszkiné, Kovács, Péntek, 2007).

V příštích letech budou evropské společnosti muset řešit účinky a problémy nesmírného nárůstu demografického stárnutí. Obecně žijí Evropané déle, mají méně dětí a chtějí odcházet do důchodu dříve než před deseti lety. Většina odborníků se shoduje na tom, že tyto procesy budou mít počínaje rokem 2010 za následek značnou nerovnováhu mezi generacemi; tento rok je totiž okamžikem, kdy začne odcházet do důchodu generace baby boomu, a tomuto jevu se často říká převrácení věkového stromu (Czibulka, Lakatos, 1995). Tato nerovnováha způsobí značné změny na pracovním trhu, v sociálním, zásobovacím a ochranném systému, v systému zdravotní péče a v různých procesech sociální integrace. Proto již v budoucnu nebude udržitelný evropský sociální model založený na zdravotním pojištění, který vypracoval Bismarck; v sociální politice budou nutné radikální reformy a/nebo nové koncepce a posun paradigmatu (Iván, 2000).

V souladu s touto politikou bude péče o starší osoby a o proces stárnutí postaven na mnohem širší základně. Znamená to, že v budoucnu již nebude možno přistupovat ke starším osobám jako ke skupině, která je ve společnosti izolovaná se svými zvláštními požadavky a potřebami pomoci, ale na základě všech oblastí veřejné politiky, například zdravotní péče, vzdělávání, sociálního zabezpečení, zdravotního pojištění a politiky zaměstnanosti bude muset být vypracována nová strategie, která bude vhodná pro udržitelnost systému zabezpečení a současně i pro zajištění sociální reintegrace starších osob. Jedná se o strategii aktivního stáří (Nagy, 2000).

Cílem dizertačního výzkumu je zkoumat životní styl starších lidí, kteří žijí v domovech důchodců, zjišťovat, proč se do těchto domovů stěhují, jak udržují kontakt s rodinnými příslušníky a přáteli, jaké chronické nemoci mají, jaké pomůcky používají, aby si usnadnili život, a nakolik se jejich životní styl mění v důsledku stáří.

Výzkumnou metodou je deskriptivní výzkum za pomoci dotazníků. Byly použity dva dotazníky, jeden byl vytvořen mnou a obsahoval 31 otázek, s otevřeným i zavřeným koncem a s 223 možnými odpověďmi. Druhý dotazník vytvořil Nestlé Nutrition Institute pod názvem MNA (Mini Nutrition Assessment – Minihodnocení výživy); ten obsahoval celkem 12 otázek a 74 možných odpovědí. Získaná data byla zpracována pomocí programu Microsoft Excel a programu pro analýzu výzkumných dat SPSS.

Výzkumu se zúčastnilo 238 lidí (179 žen a 59 mužů) žijících v 7 domovech důchodců, kteří vyplňovali dotazníky. Celkový počet obyvatel těchto 7 domovů je 260, ale 22 obyvatel nebylo přítomno, takže poměr účastníků výzkumu byl 91%. Domovy jsou v oblasti východního Maďarska, ve městě Nyíregyháza a okolí.

Výsledky výzkumu jsou tyto: V domovech důchodců je vyšší podíl žen, jsou to buď vdovy nebo svobodné ženy; podíl manželských párů je nízký. Instituce byla zvolena ve stejném poměru samotnými obyvateli a jejich dětmi nebo živiteli. Pro starší osoby bylo nejdůležitějším faktorem získání plného zaopatření, péče a lásky. Nejběžnější chronické nemoci jsou nemoci srdce a kardiovaskulární choroby. Obyvatelé platí za zaopatření 80% svých důchodů jako povinný poplatek a zbývá jim jen velmi málo na vlastní útratu. Domovy nezaměstnávají kvalifikované odborníky, kteří by pro obyvatele organizovali a vedli aktivity a programy.

Závěry: V údajích starších lidí, kteří se zúčastníli výzkumu, je nesmírně vysoká korelace, bez ohledu na to, v jakém žijí domově nebo kdo je jejich živitelem. V návrhu dizertace bude uveden plán zaměstnání pro instituce zúčastněné na výzkumu i pro jiné instituce.

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Introduction

European societies are getting older. Elderly people make up the greater part of the population, they finished working, and the active phase of their lives is over. But they are still ahead of the last phase of their lives, which they would like to spend in a useful, satisfactory and meaningful way. The rate of elderly population is lower in neighbouring countries and in other countries of the Central European region than in Hungary. Austria is an exception. However, the indexes of age distribution are different in most of the European Union membership countries compared to Hungary. The rate of the old age population is higher in the whole population than in Hungary, except for four countries, the Netherlands, Ireland, Finland and Luxemburg.

The European Committee handed in its 5 year programme to the European Parliament in February 2000, in which it drew up the outlines of a new Europe. Full employment, economic dynamism, a strong social cohesion play and important role in it.

Politics must react to the five following important areas:

- economic challenge
- the problem of solidarity between generations
- discrimination by age must be ceased
- an efficient partner relationship should be formed among the services, the elderly people and their relatives
- elderly people should be taken as active participants.

United Nations defined five basic principles in 1991:

- independence
- participation
- care
- self-realization
- dignity.

The World Health Organization defined 7 messages about improving the life-quality of elderly people. They are the following:

- getting old is a natural process
- the ageing of skills is world phenomenon
- elderly people are valuable sources for the society

- ageing is different for every person
- elderly people are integrated into the society
- successful ageing can be assisted.

It is an enormous challenge to every country in the third millennium how to solve the care of old people at a social level. Naturally, the best solution would be for them to stay in their everyday environment surrounded by their loving family members. For this, the suitable economic, social and emotional background should be created in the families. But unfortunately, this is not given to every elderly person. Those elderly people, who cannot stay in their own families, can chose living in residential homes where they are provided with the necessary care and nursing. It would be important for them to keep in contact with their relatives, friends after moving into the residential home as well, and if their health state is satisfactory, they should leave the home and go out now and then. They should be in contact with the outer world. The residential homes should provide them with holistic care, nursing, their basic needs should be satisfied, but the homes should also create suitable conditions for their occupation and self-realization.

All the specialists, who deal with the care of elderly people, such as the nurses, the social workers, the occupational therapists, the psychologists, the dieticians, etc. should always apply a holistic method, namely they should deal with the whole personality during their work, not only with fragments, with certain needs.

I wanted to choose such an area for the topic of my dissertation, which combines health care and social care, nursing and care. As a nurse and a university teacher I chose the topic of the care of elderly people, which I feel quite close to me. I would like to do research in the topic, which is one of the greatest tasks in the third millennium. It is an enormous task, because the number of ageing people is gradually increasing, the average age is higher, and at the same time, the number of the younger generation is decreasing. Due to this fact countries all over the world have to face new tasks and challenges, similarly to Hungary.

In my dissertation I give a survey of the scientific work and statistical data which were published. I offer a review of the opinions of several Hungarian and international experts who deal with the topic.

I have been in contact with residential homes for elderly people for more than 15 years because of my job. I take part in the training and further training of the staff working there. Through this research work I have had an opportunity to get a picture of the life-quality and personalities of elderly people living there. I am going to send back my findings to the seven institutions which took part in the research. I hope the homes will build these findings in their everyday life.

For the research of the life-quality of elderly people living in residential homes, I chose seven institutions from the Eastern-Hungarian region; there never has been such a comparative research in this area, or in the country. The directors and the staff of the homes are looking forward to getting my findings.

I have always been interested in who would choose to live in a residential home at an old age, how they feel when this change happens, when they leave their own former homes and decide to move into an institution. In my research I try to find an answer to the question, who chooses the home for them, is it themselves or a family member, who can solve the old person's care only is this way. How do people change when they get old, what kind of aids do they need to be able to carry on life, what are the most common chronic diseases among them? My research includes the marital status, the financial situation and the nutritional state of elderly people.

1. Theoretical part

1.1. Active old age is a new paradigm in European welfare policy after World War II.

In the next few years European societies will more and more face the effects and problems originating from the demographic aging. In general European people live longer, have fewer children, and want to retire at an earlier age than a decade ago. Most experts agree that these processes will lead to a significant imbalance between the generations from 2010, from the time when the so called baby-boom generation retires. This phenomenon is called the overturn of the age-tree. The imbalance will bring about essential changes in the labour market, in the social provision and protective systems, in the health care system and in the various processes of the social integrity. As a result of this, the European social model, which is based on Bismarck's social security, will not be sustainable any longer; radical reforms and/or new concepts, a shift of the paradigm will be needed in the welfare policy (Gyarmati, 2009).

Until the last decades the decision makers of the European countries tried to cope with these problems, which they were well aware of, within their existing systems. Worldbank was the first international organization, which emphasized the need for radical reforms even in 1994; on the other hand the national states faced the institutional and social limits of the feasibility of the structural reforms. Some of the barriers:

- it is politically risky for the governments to bring unpopular decisions
- the social security system is based on the integrated solidarity, which is an important value for the voters
- the restricted model of the welfare institutional system blocks even the recognition of problems
- it is not certain that radical reforms could be the real solution for the demographic aging (Gáthy, Szémán, 1996).

Thus the caring of the elderly and the aging process should be placed on much wider bases. It means that the elderly cannot be treated as a separate group of the society in the future with its specific demands and need for help, but by integrating all the public political areas concerned, such as health care, education, social provision, social security, employment policy, a new strategy should be made, which is suitable for insuring both the sustainability of the provision system and the social reintegration of the elderly (Papp, Balogh, 2006).

What does the concept of active old age mean?

The concept of active old age, surprisingly, originates from the American United States, where Bismarck's social security system and the welfare institutional system in the European sense did not exist.

According to the definition of the OECD* (Organisation for Economic Cooperation and Development) in 1998, active old age means „enabling elderly people to remain active as long as possible in the society and in the economy. They must be given the opportunity to spend their time how they wish, with studying, working, resting or making use of nursing and caring. (OECD, 1998, p. 84) The essence of the concept is that not only economic activity and productivity are emphasized, but any kind of activities (either charged for, or free), because activities with any aim may be useful for the society and also for the elderly people (Rogers, 1996).

* (OECD= Organisation for Economic Cooperation and Development is an inernational organisation. It has been operating since 1961, it is the successor of OEEC (Organisation for European Economic Cooperation), which was founded in 1948. It is the authority of economic policies of developed countries. Hungary has also been a member since 1996.)

The principles of the active old age

The following principles were defined by important international organizations:

1. Rights and responsibilities: the concept of active aging draws up rights for the elderly people, such as independence, social participation, dignity, caring, self-realization. However, on the individual level it goes hand in hand with responsibilities, for example, the individual also has to do everything in order to remain active (Papp, 2004).
2. Prevention and integration: the functions of the social and health systems should be switched over to prevention, namely the aim is to preserve health and the ability of self-care as long as possible. To reach this aim, the two areas should be integrated.
3. The course of life concept is based on the recognition that elderly people do not form a homogenous crowd and the individual differences grow with the aging. This concept divides the whole course of life into stages, and defines the characteristics and needs of each period.
4. The demolition of institutional barriers, such as the central determination of the time of compulsory retirement, or encouraging early retirement, which has been the practice in many countries of Europe until recently.

5. A cultural change is needed, the way elderly people are cared should be changed, the emphasis is on eliminating the stereotypes.
6. Integration (multi-integration) solidarity is needed; the young and the elderly people should be more responsible for each other (Iván, 1997).

How does active aging influence public politics?

The concept of the active old age joins various public politics and defines the new goals. This concept is different from the traditional social politics. In employment politics the goals are to widen the possibilities of employing elderly people (part-time employment), to do away with discrimination based on the age, and to create elderly-friendly work environment. All these goals are connected with the change that companies concentrate on age-management within human resource management. In education politics life-long learning and adult education appear, encouraging people to obtain new further competencies. In health care and in the social provision system the emphasis is put on prevention, according to the concept of active aging, namely how can elderly people remain self-reliant, active both physically and mentally for a longer time. In the third and fourth stages in the course of life it is important to organize permanent care (which does not necessarily mean institutional care) (Kapitány, 2004).

A possible time-strategy

If we want to draw up the contents of a possible time-strategy, namely to collect those areas which must be dealt with within the framework of problems of the demographic aging, they could be the following:

1. aging and society: demographic trends, volunteering-civil society, grandparenting
2. the sustainability of the system of pension: the position of elderly people in the labourmarket, and the improvement of this, retirement, age-based discrimination
3. health care and social provision: state of health, health and informatics, social services
4. well-being: subjective, objective, structure of consumption
5. suitable environment: housing, mobilization, technological solutions (Semsei, 2008, Papp 2010).

The situation in Hungary

We cannot find the concept of active aging either in the Hungarian social scientific thinking or in forming opinion in public politics. The recognition of problems by decision-makers is determined by our welfare institution system, which was formed after the change of regime, as well as by the vote-maximizing behaviour of parties (a good example for this is the Swiss indexing and the introduction of the 13th monthly pension). The problems originating from the demographic aging are only dealt with on the budget side, while the topics of discussions are the raise of the retirement age, and the decrease of social and health care costs (Iván, 1997).

The generation gap between the elderly and the young in the society appears in every area of life, however increasing solidarity between generations is not the aim of any public politics. The same is true to the social integration of the elderly. The elderly population in Hungary is characterized by withdrawal and seclusion, and because of these facts, they are "bound to the soil". Civil organizations which take elderly people under their wings are often toys for politicians, because elderly people represent an important political power due to their increasing rate within the population (Zám, 1993).

The findings of researches concerning elderly people do not get into the main stream of public political thinking, or if they do, the decision-makers do not seem to understand the relationships between the facts. It is difficult to explain why the retirement age was raised to the age of 65 in such a population, where life expectancy at birth is 68. There are no answers to the questions, but what is even more disappointing is that the why is not asked (Bagyinszkiné, Kovács, Péntek, 2007).

1.2. Organizing nursing and caring

The concept of health and illness

Health and illness are expressions which often occur in everyday life. Those who work in the areas of nursing and caring should be familiar with these notions.

According to the World Health Organization the concept of health is defined in the following way: complete well being of the body, mentally and socially, and not just the lack of illness or disability. It is a dynamic state, in which the individual adjusts to his or her outer and inner environment in order to preserve his or her well being.

The nurse should know about the patient's notion of health, his or her relationship to health in order to be able to provide efficient care, and to be able to help the patient regain or keep his or her high level quality of life.

In nursing and caring the client's characteristics of the age group, level of socialization, mental, physical and psychic state should be taken into account. On the other hand the environmental influences are just as well important, namely the client's social and natural environment.

Three main life-stages can be distinguished:
- progression, the stage of development
- stagnation, which is usually the productive stage, it is characterized by the balance of biological processes
- regression, the stage of aging (Illei, 1995, Lévai, 1995).

In my thesis I would like to write about this last life-stage.

1.2.1. The characteristics of old age

Aging is a natural process. The human body changes constantly during the life. The following major biological changes characterize aging and old age: the appearance changes, the skin loses its flexibility, the cushion of fat gets thinner under the skin, the shapes become squared, wrinkles appear, and the hair usually gets thinner, loses its content of paint, and sometimes falls out. Characteristic symptoms are the deterioration of sight, hardness of hearing, the decrease of muscular strength and the decrease of the flexibility of bones. Physical achievement is restricted because of the changes of the internal organs (Szűcs, 2000, Medgyesi, 1999).

Besides changes in the body, mental functions also alter, for example, adaptability decreases, thinking slows down, memories drop out, and nerves get weaker. Accepting old age causes a life-crisis in many people's lives. Although body changes can be covered with the help of cosmetics, it does not stop changes; it can help in the acceptance of aging. The same refers to the usage of up-to-date medicines and aids, which are available due to the development of medical science, namely they can reduce the symptoms, but they cannot stop the process of aging (Sáhó, 1994).

It used to be easier to accept aging at that time, when everyday life was not so fast, and when elderly people were more respected. In big families elderly people used to have certain duties, but with the deterioration of the multi-generation families and industrialization, elderly people became redundant and were placed in residential homes for old people (Keszthelyiné, Lakatos, 1999).

The average Hungarian family faces a difficult problem, when its old member needs care and constant attention, because if one of the wage earners stays at home to look after the old member of the family, the family will have financial difficulties, and will not have enough income to cover their essential needs (Sáhó, 1994).

Everything in connection with looking after the old person, such as doing the shopping, washing, cleaning, meals, living conditions, employing a nurse, administration, keeping contact, depends on the financial situation of the family.Besides the financial side, looking after old people has other difficulties, too, it could be extremely demanding physically, mentally and in a psychic way. If a family cannot take up the task of caring an old member, it is the responsibility of the state and non-state participants. However, there is dualty in the supply system, too. Health care determines its demand for medical treatments, which require special nursing skills, professional training, such as tieing the infusion or medical massage.

The social network is more suitable for caring than for nursing. This creates a strange hierarchy between the two systems. On the one hand the role of specialized nurses, who work with doctors, becomes more important. On the other hand, their work capacity is not enough for the growing demands. So the social services have to take up nursing tasks, which need special qualifications, thus they can spend less and less time on caring (Beregi, 1981).

In caring old age people the following norms are accepted both in the state and in the private sector in a direct or indirect way:

- the coordination of health care and social system in a parallel way
- providing elderly people with complex care: health and social care, and services
- emphasizing mental care
- making the connections stronger between state and private organizations (Christ, Hohloch, 1993).

Old age people should find their old age roles; they should accept the changes in these roles and the changes in their connections. The role of the helping specialists is mainly to help and support the acceptance. In residential homes for old people social care is very important besides health care.

The notion of social care

"Social care is a comprehensive activity, usually aiming to improve the living conditions of an age-group (children, old people) or a social layer (gipsies, homeless people) in a financial way or in the form of in-kind support. Caring is the realization at the level of tools and methods. Its aim and task is to provide help suitable for the needs of the person, and its measure and type are determined by the body, mental and social state of the person who needs help" (Sáhó, 1994). Caring should be planned and performed in a conscious and systematic way. Elements of caring: physical care, health care, psychic care and activities. Each caring element can be divided to smaller units.

Physical care

Physical care consists of providing the environment in the wider and narrow sense, from the settlement of the institution to creating the life-environment. Catering and clothing also belong here (Metzgar, Polfus, 1999).

Health care

In the process of nursing and caring high standard of health care should be provided, which is guaranteed in the act of 1997/CLIV. According to this act everybody has the right to get regular medical care, can be provided with curing-preventive care, may take part in rehabilitation, if needed, can be provided with specialist care, as well as hospital treatment, can be provided with medicine and therapeutic aids suitable for his or her state. The 1/2000. (I.7.) SZCSM decree regulates the tasks of health care in residential homes. Health care includes regular medical supervision, the necessary specialist's treatment, nursing, as well as supply with medicines and therapeutic aids.

Psychic care

From psychic care we highlight the factors which may cause changes in the psychic balance, in the emotional harmony. They are the following: extreme overload of the nervous system, stress, and the compensation of psychosomatic burden and the prevention of traumas. In the process of psychic care human relations are important, such as verbal communication, empathy, directing emotions, relationship between genders, accepting critical life situations, the correction of misconduct, the appreciation of others, creating harmony between us and others.

Psychic care includes mental care, guidance and efforts against harmful habits, which influence the whole personality, such as drinking alcohol, smoking and taking too many medicines; they are all typical of the old age. In residential homes old people face other different problems, for example, the change of their living place, accepting the regulations in the home, accepting new relationships and mates, adaptation (Károlyi, 1992).

The psychic care is successful, if

- psychic loneliness ceases

The tasks are:

- avoiding isolation
- keeping and obtaining new relations
- keeping residents busy and providing entertainment for them (Bagyinszki, Kovács, Péntek, 2004).

Mental hygienic tasks

The tasks are determined by who the cared individual is. In the case of caring the elderly, they refer to the old people, and the tasks depend on their body-, mental- and social state (Kepecs, Dallos, 1986).

The regressive process of aging does not make the individual ill, but endangered, thus he or she needs more attention. The task of the up-to-date elderly care is to implement measures, which determine the content, forms and depth of caring equal to the individual's biological state, psychic balance and social situation.

One of the most difficult tasks is forming relationships among the residents. Old people's adaptation to the new is minimal, so true friendships are rare at this age, and being locked up with others and the crowded institution may be the sources of tension. There are not any possibilities for individual independence in the residential institution. Residents cannot decide free in such essential questions as who to share a room with, what kind of furniture to have, etc (Zám, 1993). In the first days of arrival it is extremely difficult to adjust to the new environment, both physically and mentally.

The staffs are responsible for reducing tension, helping with the acceptance of new residents. Fear, dependence and anxiety can be reduced by a very simple method, namely by giving information in time. The residents of the institution should be informed about all changes in order to have enough time to adjust to the new situation (Aranyosy, 1989).

Activities

When planning the activities the aim is that everybody should find some kind of activity, everybody should feel that he or she is needed; the activities should result in a rational achievement. The individual's abilities should be taken into account. If the client takes part in the activity, his or her work can be awarded by recognition or praise. The activities should be continuous, regular and planned. The client should take part in them voluntarily. It is essential that none of the different types of activities should have priority over the other; the physical, mental, cultural or entertaining activities should be balanced. The mental, cultural or entertaining activities may be active or passive (Nagy, 2000, Szémán, 1989).

Active involvement: the client does not take part actively in the organization, and in the activity itself. Passive involvement: the client does not take part in the activity; he or she is present as an observer. Regular activity is the basis of a healthy lifestyle. If you feel useful, it increases your self-esteem, helps with the normal functioning of the body, and at the same time slows down the process of aging (Imre, Fábián, 2006).

Everyday activity is central in human life. The sense in life is the feeling of being useful, being active and the desire to do something. Old people often say "There is no trouble until I can work". Due to aging or some kind of illness our strength decreases, and that is when serious problems start. The feeling of needlessness, idleness makes people worried and impatient. There is only one solution to this problem, activities, which should fill everyday life with content. With a well planned activity you may reach various kinds of aims:

- it is a useful way for the cared to pass the time
- by choosing the right activity, we can engage the client's attention
- we can divert the client's thoughts from a given problem
- the client can learn some new knowledge
- we can entertain them
- we can form, develop the client's personality
- we can realize the client's rehabilitation (Papp 2010).

The results of activities may be the following:

- indulge in the activity
- good mood
- good atmosphere
- suitable behaviour in all situations
- realistic evaluation of events
- preserving or regaining body and mental freshness
- gives a variety and aim to weekdays
- creating something (Tokaji, 1997).

Forms of activities used in social care

- individual activity
- helping conversation
- individual development programme
- psychotherapy
- creative activity
- arts
- environment therapy
- movement therapy
- work therapy (Gyarmati, 2009, Orbán, 1992).

Institutional care

In residential institutions we should try to form small communities and a family-like atmosphere. The 1/2000. (I.7.) SZCSM decree contains the regulations of qualifications as well as the number of professional staff employed in residential homes. The team consists of health and social professionals and therapists:

- social worker
- social assistant
- social carer and mental hygienic specialist
- dietician
- nurse, social carer (Ferge, 1999).

1.3. Elderly People and the Society

It does not matter which age you live in, what your job is, you will inevitably grow old and die. Nobody has ever questioned that the problem of aging was and will be one of the important questions of natural sciences.

Goethe wrote that 'nobody can return to the womb' (Cseh-Szombathy, 1997). Aging does not simply mean losing the acquired abilities and returning to the past, but it is also the process of obtaining new qualities, the transformation of the biological possibilities of the organism, it is a regular stage of its development, even though the organism is getting closer to the fatal end (Pataki, 1983).

If we observe and try to understand aging in this way, it is interesting from a theoretical point of view, but its practical side is extremely important as well. Actually, acquiring and applying the mechanisms of adaptation is the way to influence aging in a determined way. The history of civilization and the cultural history give evidence of the exceptional development that man reached within a few centuries in conquering the world around us and in getting the control over nature in accordance with his interests. The new era gave us another marvellous present, namely the lengthening of lifetime. Many people have described 'the old person', the essence of aging.

Aristotle and Hippocrates supposed that we lose something during our life, something changes, and this leads to aging. Bogomolec thinks that the aging process is the gradual decrease of the reaction ability of the cells, and aging is the result of their physical-chemical structural changes (Csapkovics, 2008).

According to Villányi the advanced age, the transformed appearance and the extreme decrease of adaptation skills all signal the set in of old age. (Bagyinszkiné, Kovács, Péntek, 2004) The life quality of old people depend on their age, condition of health, financial situation, household relations, whether they live alone or with their mates, what kind of house they run. In different researches in Hungary and all over the world exploring the process of aging gains ground more and more, exploring the ways and methods of delaying aging, preventing abnormal aging, making this life stage active. Scientific researches try to study individual methods to cope with aging, study the reactions, and make recommendations for individuals or communities to experience old age (Gyarmati, 2006).

Thus the modern conception of aging, gerontology defines former experiences as actual facts, and their individual versions can be recognized in our own lives. Some of these are the following: the weight and strength of muscles reduce by 30% from the age of 30 to 90, the number of nerve fibres reduces by one-fourth in the trunks, the excretory units of the kidneys reduce by half, the sight and hearing deteriorate. But these processes differ individually (Illei, 1995).

It is by no chance that in the last 15 years gerontologists turned more and more to the possibilities of healthy and successful aging, making a difference between successful and unsuccessful aging. It is an important scientific finding that besides biological aging, the psychological and sociological aging is a determinant factor both individually and socially. In this context sociological and behavioural science theories defining aging emphasize two important factors: 'life-event' and 'life-stress'. Among life-events they consider retirement, widowhood or widowerhood, illness as normal. However, aging and old age are stressful in themselves, but it is not necessarily a destructive stress. In the risks and in their solutions the individual's role is essential in coping with the physical, psychic and social harms (Lévai, 2000).

1.3.1. Demographic Characteristics

If we want to understand the tendencies of aging, we have to evaluate the statistical figures, and know the processes expressed by statistical numbers. From the first official national census in Hungary we can trace the number of elderly people, the number of those who were over 60 then, and their proportion within the population. The proportion of over 60s within the population was 8,9% in 1960 and rose to 15,1% by 2001. Meanwhile the proportion of children under 14 decreased from 25,4% to 16,6%. Statistical figures show that in 2005 the proportion of those who are over 65 is the same as those who are children within the population, namely 1570000 people (15.6%).

Population by main age groups

Table 1.

	Percentage distribution %		
Year	- 14	15 – 64	65 -
1941	26,0	67,0	7,0
1960	25,4	65,7	8,9
1970	21,1	67,4	11,5
1990	20,5	66,2	13,2
2001	16,6	68,3	15,1
2005	15,9	68,7	15,6
2008	15,0	68,8	16,2
2009	14,9	68,8	16,4

Source Yearbook of Health Statistics 2008. 2p.

In the neighbouring countries and in other Central-European countries the proportion of elderly people in the population is smaller than in Hungary, although Austria and Croatia are exceptions. However, the indexes of age distribution are more disadvantageous in most European Union countries than in Hungary, the proportion of old age population is higher. The exceptions are the Netherlands, Finland, Poland, Lithuania, Slovakia, Slovenia and Luxemburg. This shows that although the population of our country has grown old, we do not belong to countries where the old age distribution is exceptionally high (Iván, 2000).

According to KSH (Central Statistical Agency), the total population of Hungary is 10.045000 on 31st December 2008 (10.066000 on 31st December 2007), from which
- female population is: 5.276000
- male population is: 4.769000 (Demogra phic Yearbook, 2008).

The composition of the population by genders shifted slowly with smaller or bigger drops to the advantage of the female population and within the group to the old age population (Daróczi, Spéder, 2000).

As age advances there are more and more widows, because of biological laws. Between the ages of 65 and 69, 80% of male population is married; only 10% is a widower. In the same age group 46,4% of female population is married and 42% is a widow. The difference is even bigger at a higher age. 45,5% of male population over 85 is a widower, while 82,6% of female population is a widow. The number of the divorced is not so typical in their age group as it is today (Demographic Yearbook, 2007).

Mobolization-migration

Within demography there is a separate chapter which deals with the mobilization and migration of the population in the country (the population or certain groups moving from one place to another). We should emphasize the mobilization, the changing of living places within the country, the habits of elderly people (Cseh-Szombathy1983).
We can distinguish four groups:

a. mobilization within the living place
b. moving from the region
c. moving to another region of the country
d. special cases (Bagyinszkiné, Kovács, Péntek, 2007).

Family, Family Roles

As the society is getting old, the number of old age people living alone, or having different body, mental or social problems is also growing. The situation is worse with elderly people living alone and who cannot expect so much help from their environment (Hun, 1984).

The social changes that took place in 1989-1990 also made the situation of families more difficult. Many families broke up because of the growing unemployment; many people had uncertain living conditions, because workers' hostels were closes down (Csernák, 1994).

Many families have difficulties making ends meet. In such circumstances it is a real problem to nurse an elderly person for many reasons:

- their children are far from the parents
- their financial situation does not make it possible to pay for a nurse to look after the elderly family member
- some people get the nursing fee, but meanwhile it is very hard for them to keep up living
- in families where members take turns to look after the elderly person, the family relations get worse in the long run, or they get exhausted, their health deteriorates
- for those who are unable to quit their jobs in fear of unemployment, home nursing is provided, but the capacity of organizations which provide these services are not very big, so the possibilities are limited
- they make use of the nursing departments of hospitals
- they apply for a place in residential homes for elderly people, but in most institutions the waiting list is very long

In big cities families in the present housing conditions are unable to look after a seriously ill person.

In families, where more generations live together, tasks are shared; they need the help of the elderly person as well. The tasks are the following:

-running the house

-looking after the children

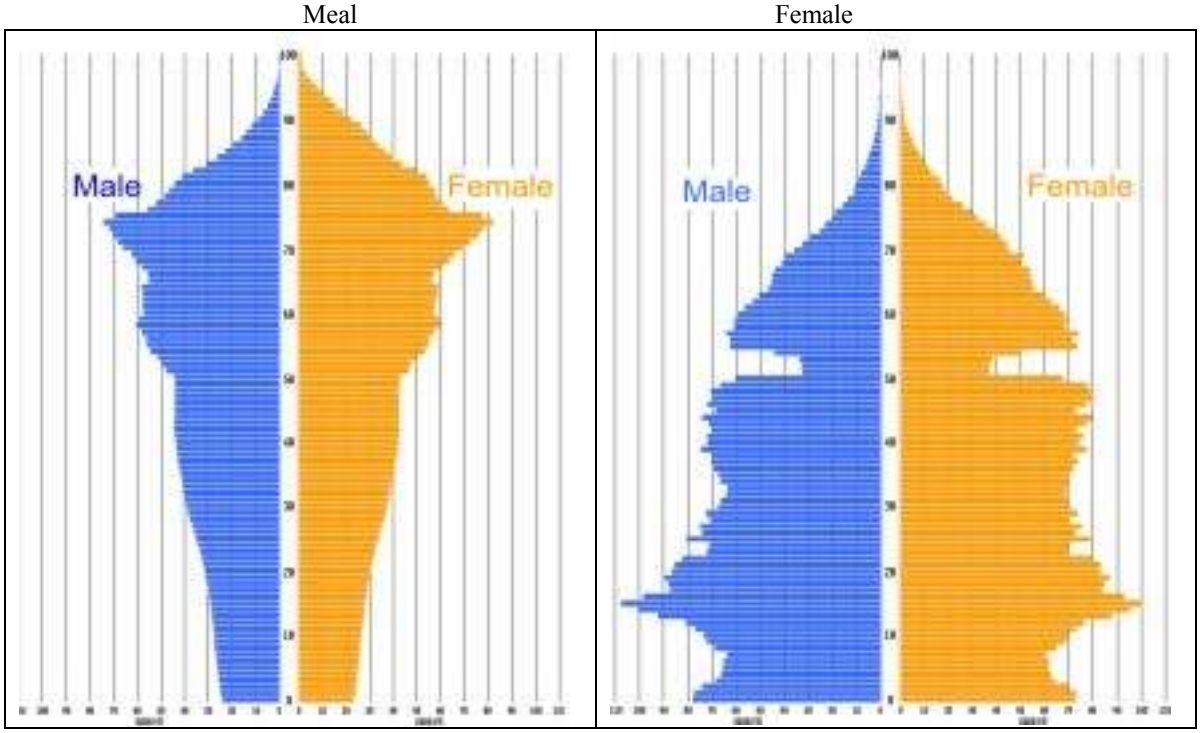
-helping with the transport of children

-passing over the traditions.

All in all, the number of people living in marriages decreases as people get older, 49% of men over 85 have wives or partners, while only 5,8% of women over 85 live in marriages (Ferge, 1999, Jamieson, 1991).

Figure 1.

Population pyramids



Source Statistical Year Book 2008. 4p.

1. 4. Elderly People in the Society

In recent decades the European population has been characterized by aging. The proportion of elderly people is over 20% in Hungary (Bálint, 1970). The reason is not only the decrease of births, but the essential increase in the average life expectancy at birth. In the last 200 years it grew from the age of 30 to the age of 70 in Europe, Hungary is an exception, we did not reach this average age. In the last 50 years the growth was 12 years. Today the average life expectancy has grown even in developing countries, for example, in India. This growth is due to the facts that today much more illnesses can be cured, infant deaths decreased, but perhaps the most important factor is that the public health-epidemic conditions have improved a lot, for example, drinking water, nutrition and vaccinations (WHO, 2006).

The Situation of Elderly People in History

Elderly people were usually respected by the collecting-hunting-fishing people living in primitive communities. A man was considered to be old at about 40 because of the short life expectancy (Juhász, 2004). There were no written records, so the old passed over the experiences of their ancestors, the traditions of the community. However, it also occurred that the old were taken to an uninhabited island and were left there or were simply lost during migration when they had become completely useless for the community. The cannibals ate the wise old men. They competed for the brain. They believed and hoped to be wiser by eating their brains. Instead they often caught a viral infection called kuru, especially in New-Guinea (Bagyinszkiné, Kovács, Péntek, 2007, Dózsa, 1995)

In the slave holder Roman Empire besides epidemics, internal and international wars, as well as bloody emperors were responsible for early deaths. Even wealthy people did not live until old age. They did not keep their slaves to provide them with long and peaceful old age.

From the time of feudalism family-based production has become more and more popular in agriculture with villains and also in the slowly, but gradually growing manufactural industry. In the small units of communities there used to be tasks for the elderly, so they did not feel redundant. According to Christian morals they were respected and looked after well. With the spread of industrialization and the development of factories, the popularity of family-based production decreased (Iván, 1994).

In big East-Asian countries the respect of the elderly is related to adhering to traditions. In the industrialized Japan the salary increases as the person grows older. During the short history of the USA a different picture of the society was created. It is a young country, which is the country of the young. Thus the middle-aged and elderly people need to seem younger than their real age (Illei, 1995).

Are Elderly People Homogenous as a Social Group?

First we have to decide whether we can talk about elderly people as a roughly homogenous group or layer before we examine their situation (Károlyi, 1995).

They are not homogenous

This layer is not homogenous according to age. If we take the classification by WHO, age 80 is a boundary, over which most of them need some kind of help to carry on with their way of life. But the boundary is flexible; there might be great differences

in both directions according to their biological age, their body and mental power, and their ability to be self-reliant.

Differences originating from their previous life stages

We usually develop our body and mental abilities, our education, get qualifications, form our lifestyle, habits, and interests, make friends and gain experiences in connection with our life circumstances at an early age. Abilities, skills, interests practised at an early age will remain for a long time at old age. Elderly people need mental briskness and flexibility to turn to some new interests, pick up new habits, skills, hobbies. They carry a wide range of possibilities of individual varieties.

State of Health

A lasting illness or a chronic state may hinder them in keeping up friendships, relationships (getting lonely) or pursuing habits-hobbies

Family relations

It is an essential difference if the elderly person has relatives, who they can turn to for advice or help in their everyday life. It is even more so in case of an illness.

Financial state

We can often hear about keeping the value and the buying power of pensions. The savings deposit does not keep its value because of devaluation and inflation. The salary of descendants is not high enough to support an elderly person. Elderly people may receive occasional benefits from the local government, from social or religious organizations (the Maltese). The amount of pension is not really influenced by the person's former job, it is more determined by the actual time when he/she retired. Taking up a part-time job to supplement the pension is almost impossible because of the labour market (unemployment) and taxation. After paying the tax the net income is less than half of the gross income (Imre, Fábián, 2006).

All in all, it is incorrect, illogical and wrong to consider the elderly as a homogenous grey crowd.

1.4.1. The Situation of Elderly People in the Society Today

As this group is fairly heterogeneous from the aspects of age and other factors, it would be difficult to make statements equally valid for all elderly people. However, there are problems which are true to most of them or influence their lives, such as the change of the family model, the psychological effect of retirement or loneliness (Szabó, 1990, Karazsi, 1993).

The change of the family model

The proportion of more generations living together has dropped to the minimal for the benefit of two-generation households. One of the reasons is the urbanization of the population. The producing function of the family came to an end (its revival can be seen today), and the consuming and spending function became characteristic. However, the elderly member of the family is not only one of the spenders, but his or her presence and work can lead to savings. Doing the housework is an activity mainly for women after their retirement (Tariska, 2010).

Retirement

It is a great change in life. If you are not prepared for it, it might result in a psychotrauma, if you lived only for your work and cannot find a regular activity. Some people's state of health deteriorates fast after retirement. If the person is only interested in work and family, he or she will suffer from retirement. Most of them die within two years after retirement often of a cerebrovascular illness or cancer (Smith, 1997). However, pensioners who have a wide range of interests and lead an active life, will probably have good health for years. It would be desirable if elderly people had such ways of thinking, forms of behaviour, which might help them adopt the changes, accept the fact of aging, preserve self-esteem, find further aims in life, use their abilities well, overcome weaknesses, on the other hand accept the changes which they cannot help or alter. If it becomes necessary, they should accept help from others, which should not be a kind of gift, but they deserve it on the basis of their previous work. They should eat healthy, nutritious food (Ferge, 1999). Psychotrauma can also be caused when they lose their social respect, esteem reached by hard work.

The retired person is lucky who can use his industrial specialized knowledge in his hobby or can find pleasure in gardening or breeding animals. Literature or art activities do not depend on the age, either. High standard achievement (scientific, arts) is respected by the society even though the creator is elderly (Lévai, 1999).

It is typical that as we grow older, we would like to prove more and more that we have not lived in vain and that we are (were) useful members of the society and we have achieved something. Retired people would like to prove that they are still valuable and they cannot be put aside as wortless, useless or superfluous people.

Loneliness

It is a real danger for the elderly. The signs are the following: they get restricted mentally, estrangement from environment, depression, lack of motivation. Elderly people need to talk to somebody, to be listened to. Grandparents used to tell tales to their grandchildren. Today they like talking about their grandchildren best. There are not many interesting events in the lonely elderly people's lives, so what is left for them is retell events from the past (Bagyinszkiné, Kovács, Péntek, 2007).

Most of them think that loneliness is such a burden that they are extremely grateful for every kind word, and often return it with presents. There are some people who make use of them because of greediness, but their friendship, kindness, help come to an end when the elderly run out of presents.

The relation of the society to the elderly

The image that members of the society create of the elderly is burdened by traditions which are hundreds of years old. Some elderly people have shabby appearance, old-fashioned clothes (they wear what they have), their slower comprehension make the picture of them even worse (Illei, 1995).

Among the young not everybody is understanding or sympathizes with the elderly. They do not think about the fact that they will not stay young forever. According to some young people only the new is good, the old things are useless, needless. Some of them believe that consideration based on experience is the lack of dynamism, success, and is a sign of hesitation and inflexibility when filling in a post.

According to the law looking after parents is compulsory. It is often neglected. It is shameful that adults have to be compelled to support their elderly parents by law. The old age pensioners can apply for social benefits or financial support for the upkeep of their flats. There are local governments, which do not examine the income, but the property. Second hand flats, furniture or belongings can only be given away. Does this mean that only that person is considered poor who lives in a hovel and sleeps on the floor?

Elderly people adhere to their everyday environment, furniture, memories, independence, own flat until they can. They can turn to their relatives, friends, acquaintances, religious or not religious organizations (e.g. the Red Cross), the local Care Centre for home care, if they need help due to their old age, weakness or if they are disabled. This means that they should be provided personal hygiene, but in practice it is limited to delivering meals, doing the shopping (food, medicine). The carer does

not have time for providing a wider range of services. The same refers to the district nurse, too. In Hungary they do not do nursing at all, but visit patients, take blood pressure, give injections (insulin) and also do similar activities on behalf of the doctor (Sűmegi, 2000).

If the elderly person becomes bedridden due to an illness, it can cause problems, because he or she needs constant care and nursing. Most flats are not big enough to place the patient in a separate room, the relatives cannot look after him or her continuously, because they are not at home during the day, they work or go to school or university. Thus most patients cannot rely on homecare. They apply for residential care, which has two traditional types at present: the home for elderly people or the hospital.

Homes for elderly people

Between the two wars they were mainly charity homes for paupers and homeless people (almshouses). The staff and the upkeep were paid by the church. After the Second World War the social and economic changes gradually demanded more and more homes for the elderly. In cities the cloisters of monastic orders ceased and were nationalized, in villages the confiscated manors fulfilled the increasing demands. Usually the large dormitories do not provide any private life for the residents. In the past decades new, more comfortable homes were hardly built (Szűcs, 2000).

Meanwhile the proportion of in-patients has grown, so the one or two sickrooms, which were originally built, have been expanded to departments. However, the number of staff has not been increased. The residents were (are) provided health care by a visiting doctor on some days of the week. The catering manager or the cook was taught about dietetic cooking on a course.

The disadvantages of residential homes run by the state or the local government are that the accommodation is modest and the referral procedure is long. So placement within a few days is almost impossible, sometimes you have to wait for months. However, the accommodation is for a lifetime, although the referred or a family member can discontinue it any time. On the other hand placement in a new private profit-orientated residential home is much simpler if there is vacancy, and the elderly person can move in as soon as the high fee is paid.

Some residential homes are run by the churches from the taxed income of the congregation. The upkeep of homes and the difference between residents' payment and the prime cost are covered from the donations of the congregation, most of whom are also old age pensioners (Villányi, 1984).

Placement in a hospital

In Western Europe and the USA this form of nursing is considered to be the most costly, mainly because of the high fees. It used to be easier to place a patient who needed nursing in Hungary when the most important indicator of operating hospitals was the degree of utilization of beds. Hospitals try to counterbalance the increasing costs by reducing the number of beds, so they wish to discharge the patients as soon as possible. Departments operating in this way are called active departments by health managers. Patients who need a longer treatment or who do not improve (such are elderly people) are placed in chronic departments (synonyms are: aftercare, rehabilitation department or even terminal ward). Health managers consider them cheaper than nursing these patients in active departments. How can a hospital department be cheaper than others? If it gets less allowance and supplies both in the number of staff (doctors, nurses, and support staff) and in tangible asssets (medicine, laboratory tests and others).Thus the department is less active or even inactive. In chronic departments only such patients can be admitted whose health condition was determined previously with various examinations, the treatment was determined, so they need maintaining treatment and nursing (Hayflick, 1995).

Relatives prefer placing the elderly family member in hospitals to residential homes, because:

-hospital care is free, residential homes are not. Sometimes they even use the pension of the person in hospital for their own purposes.

-what would neighbours and friends say about putting mum or dad into the almshouse?

It sounds better if he or she is in hospital:

-the hospital provides constant care and control while the medical care for residents in homes is at the level of primary care.

On the basis of all these it is understandable why inhabitants' demand for chronic departments is high. But the demand of other hospital departments is also high because of economic reasons. The demands can be fulfilled by shortening nursing time and/or by increasing the number of beds at the chrocic departments. In the past years several hospitals established chrocic departments called gerontology (Szabó, 2000).

1.4.2. The Notion and Duties of Gerontology

In Hungary, just like in Western European countries, more than 20% of the population is at old age. This fact brings up several questions and problems. Although finding answers to these questions and solving problems is the duty of the whole society, we need to examine aging in a scientific way, and apply the results in practice. This science is gerontology. The word has a Greek origin. The parts are the following: geron=old, onto/n/=existing, living being, logia= a branch of science. Thus gerontology deals with all knowledge concerning all living beings. Its methods are the same as the methods of other sciences. It is divided into five main areas (Lévai, 1993).

Social Gerontology

It deals with the relation of an elderly person and the society from all aspects, including how the society provides the needs of elderly people. As the relation depends on the psyche to a great extent, gerontopsychology can be ranked here, too. The previous chapters provided some insight into the material of social gerontology.

Social gerontology examines the connections between elderly people and the social environment that surrounds them. The aim is to get to know more about the factors that influence the process of biological aging in good or bad directions. It does not examine individuals, but tries to find the causes of the changes in the social environment (in the society) (Bagyinszkiné, Kovács, Péntek, 2007).

Gerontobiology

It examines the natural phenomena and processes in connection with aging. Firstly, to distinguish these illnesses from their consequences, secondly, to see if it is possible to influence the phenomena of aging and to slow aging.Those that lack the knowledge of gerontology, including even the district doctor, may explain pathological phenomena with aging. Gerontopsychology also belongs here, as a branch of science, which deals with the changes of psychic functioning due to aging.

Today it is obvious that getting younger is only possible in literature (e.g. Goethe: Faust). But the differences between the real age and the biological age show that the aging of the body can be retarded. As we have mentioned it previously, the most important way is the healthy way of life. Furthermore, more and more medicines and curative preparations are ut on the market. Before medicines are put on the market,

internationally regulated examinations must be performed. But for this, we must understand the natural processes of aging (experimental gerontology) (Needham, 1995).

We cannot expect from the medicinal treatment that it will reduce the already existing changes. However, the so called antioxydant medicines, which are applied to prevent the harmful effects of the free roots formed in metabolic processes, increased life span in animal experimentations. Natural antioxydants are vitamin E, and to a small extent vitamin C. fortunately, side effects of a big dosage of the vitamins are not known, so they can be taken without restrictions mainly for preventive purposes. It is an experimental fact that elderly people feel fitter, their exhaustion decreases, their body and mental power improves after taking vitamins for some weeks. However, this is not due to the rejuvenating or antioxydant effect of vitamins, it is a sign that the person had latent vitamin deficiency, which condition is quite common at elderly age and is caused by malnutrition.

The most suitable methods to slow down the process of aging and to lengthen life are the healthy way of life, fittness, proper nutrition (smaller quantities, but good quality food) and the treatment of illnesses (Illei, 1995).

Medical Gerontology (Geriatrics)

Geriatrics is also a Greek word, the stem is ger/on, 'iatria' is added to it, which means medication, treatment, so it means curing elderly people. The geriater (iater= doctor) cures. His scope of activity is the health of the human organism at old age. The analogy is similar to the pediatrician, where the pediater deals with the health and deseases of infancy and childhood. The analogy is appropriate, because metabolism, the answers given to external effects-burdens, is different not only in the first stage of life, but in the third stage as well. Thus the occurance of illnesses, their clinical forms and processes are different from the ones in the second stage, from young adults (Balogh, Wells, 1998).

Geriatrics is a special area which deals with the most common deseases of elderly age (preventive, curing and rehabilitating medication). Its results are public, so they can be used in everyday life by geriater specialists to help elderly people.

Gerotanatology

It deals with death and near death experiences, as well as accepting death with dignity (Iván, 1997, Semsei, 2008).

1.5. Aging

Human life can be divided into 3 phases:

- Phase of childhood and adolescence
- Phase of adulthood
- Phase of elderly age

The strength of the body and mental abilities gradually decrease by aging. It depends on hereditary to a certain extent but more on the previous phase of life, lifestyle and other circumstances. Aging is a natural part of life, so the old Latin saying cannot be accepted: Aging is an illness in itself that is „Senectus ipse morbus". On the other hand it cannot be accepted because we can meet elderly people in good physical and mental condition. Moreover, illnesses do not occur at a certain age exclusively, but rather the types, forms and symptoms of them can be different depending on the condition and age of the individuals (Malcolm, etc, 2005).

We have to decide who is to be considered elderly?

It is subjective, since a person between 50 and 60 is considered elderly by a teenager, while young by a 70-year-old. In many countries old age is identified by retirement. In various countries retirement age is not identical, in Hungary it even differs according to genders. Thus, it is impossible to compare the data of all the countries and to make international statistics.

WHO made a classification in 1963:

- middle age (45-59 years of age)
- senior (60-74 years of age)
- elderly (75-89 years of age)
- very old (over 90) (Illei, 1995).

Aging is continuous from birth. This period is called *actual age.* People of the same age may differ significantly in appearance, mental alertness and physical strength. They are reflected in the estimated age, called *biological age*, which can be different from the actual age. The difference is considered to abnormal if it is big. It could be one or two decades.

The biological age cannot be measured by quantity because it is complex, rather a state of quality. The mere appearance can be misleading. Several examining methods and test exist which measure and detect each function and condition of organs (Papp, 2004).

Reactions of the aging process

Table 2.

Successful aging process	*Unsuccessful aging process*
Adaptation to the changing	He/she does not accept aging
He/she uses abilities well	He/she wants to look younger
He/she tries to overcome weaknesses or can live with them	He/she wants to get advantages from his/her weaknesses and illnesses by manipulating carers
He/she accepts the dependency status, because he/she knows it is due	He/she is offended because others do not care him/her
He/she keeps his/her self-esteem	He/she does not have any elf-esteem
He/she does some happy things	He/she does not live a healthy life
He/she has life-goals for the future	He/she has no life-goals
He/she eats nutritious food	He/she is choosy
He/she moves and does what he/she can do	He/she sits too much He/she is separated from others

Source: Milliken M. E., Gene C., Mindennapos betegápolás. OIIK, 1991, 799p.

Knowing the consequences of aging does not have only theoretical importance but the nurse should recognise the phenomena and symptoms which are abnormal (Milliken, Champbell, 1991).

Population by main age-groups in Hungary

Table 3. (thousands)

Age-groups (aged)	**1949**	**1960**	**1970**	**1980**	**1990**	**2000**	**2006**	**2007**	**2008**
0-14 eyears old	2 290	2 529	2 177	2 341	2 131	1 729	1 553	1 530	1 509
15-29 years old	2 332	2 155	2 437	2 356	2 066	2 278	2 120	2 074	2 030
30-39 years old	1 238	1 507	1 384	1 477	1 622	1 301	1 490	1 540	1 571
40-59 years old	2 272	2 397	2 564	2 706	2 597	2 857	2 756	2 751	2 742
60-69 years old	675	831	1 051	928	1 116	1 028	1 048	1 053	1 070
70 – x years old	398	541	709	902	844	1 029	1 110	1 118	1 124
Total	**9 205**	**9 961**	**10 322**	**10 710**	**10 375**	**10 222**	**10 077**	**10 066**	**10 045**

Source Yearbook of Health Statistics 2008, 1p.

Table 3. perfectly illustrates ageing of the Hungarian population during the last twenty years: approx. 22% of the total population over the age of 60, although a few estimation

pretend, that it will come to 30 % for 2030. The number of young people under the age of 15 declines, there were 810 000 less young people in the last 25 years.

Extending the reservation of elderly people's health condition is a social issue and interest. Hence elderly people's appropriate feeding, knowing and keeping the right nutrition habit are important issues.

Life expectancy at age 60

Table 4.

Year	At age 60	
	Male	Female
1970	15,2	18,2
1980	14,6	18,3
1990	14,7	19,0
2000	15,3	20,0
2005	16,0	20,9
2006	16,3	21,1
2007	16,3	21,2
2008	16,6	21,4

Source Yearbook of Health Statistics 2008, 4p.

According to table 4., women's average life expectancy increased by 3 years in the last 30 years. Meanwhile men's life expectancy increased by 1.1 years over the age of 60.

Geriatric nursing

The Hungarian population comprising people over the age of 65 is rapidly increasing group and accounts for about 21% of the population (Illei, 1995, Carpentino, 1996, Papp, 2010).

The aging process

What is the aging process? It is a general slowing-down of body processes, affecting a variety of functions. As a nurse, we can meet many older people in the hospital, in the nursing home, and in the community. The nurse's attitude about aging can affect the quality of the care that is given. As a provider of health care, the nurse must examine his or her own concept of the aged person. In doing so it must be understood that chronological age does not reflect physical or mental abilities. All patients must be recognized and treated as unique individuals (Czibulka, Lakatos, 1994, Gyuris, 2003).

How people are affected by the aging process varies. Some people seem never to age, others are "old" at a young chronological age. Activity and an interest in life seem to allow a person to show fewer emotional and physical changes as he or she grows older (Hunt, Marks, 1987).

Physical changes

Many difficulties encountered in aging are based upon several general physical changes:

1. There is decreased sensation in the body in which the nervous system gradually slows down
2. There is the decrease in the functioning of other sensory receptors. This includes impaired vision and hearing, as well as a decreased sense of taste. The senses of smell and touch may also be affected
3. There is a decreased function of the motor system and a loss muscle control.

In additional to general physical changes that accompany aging, there are other specific changes that occur. The digestive system becomes less efficient. Often there is a lack of appetite. Many older adults gradually lose the ability to totally control all of their physical processes. The hair gradually becomes drier and often becomes thinner, many older adults, both male and female, become bald to same degree. The hair loses its colour and becomes white and grey. Because the muscles of an older person become looser and relaxed, the chin and face sag and the earlobes become longer and thicker. The skin may become dry and wrinkled and usually gains some pigment. The mucous membranes often become dry and perspiration decreases (Gyekiczky, 2009).

The physical size and shape of the body often changes. The person may actually shrink and become shorter in stature, this is caused by a conditional called osteoporosis, which brings about a change in posture and body alignment. Much muscle tissue becomes adipose (fatty) tissue because of inactivity. The bones become more brittle, making fractures common in the elderly. Muscle tone is lost, muscles and joints stiffen, making movement more difficult (Milliken, Campbell, 1991, Eszik, 2004).

Emotional changes

The must difficult aspects of aging are often in the area of emotional adjustments to the aging process. It is very difficult to accept the loss of abilities or the loss of control. The person realizes that he or she can not learn as quickly as before, or that is becoming increasingly more difficult to remember things. The person's self-image often suffers as physical changes take place. It is especially difficult for the independent adult to become dependent upon others on order to meet even the basic needs of life (Canfield, Hansen, 2005).

The older person may look back on life with frustration at thinking he or she did not accomplish enough, on the other hand, the person may feel that he or she greatly contributed to the world. Good relationships with people of all ages enhance the emotional self-image of the older person.

Perhaps the most difficult aspect of aging is that of facing the reality and inevitability of death. The deaths of peers and spouse cause the older person to reflect on his or her own death. Older people prepare for death in different ways. Some wish to do a life inventory, not merely by reminiscing about the "good old days", but by systematically verbalizing about past experiences, pleasant experiences as well as unpleasant (Hayflick, 1995).

It is important for the nurse to understand the physical and emotional changes that take place during the aging process and to encourage the older patient to remain as active as possible and preserve the sense of being involved in life. The importance of maintaining one's dignity and self-respect continues throughout a person's entire life (Kübler, 1998).

Nutritional needs

It is necessary for the older person to make special adaptations to meet his or her individual nutritional needs. A satisfactory nutritional status must be maintained in order to prevent body systems from deteriorating. A minimum of 1g protein for each kilogram of body weight is a daily requirement, if the person has a decubitus ulcer or an infection; the amount needed is much greater. Often, the older person is not hungry because the taste perception is diminished, and because he or she is not physically active. Nutrients are absorbed more slowly in the older person. If the person lives alone he or she may find it inconvenient to cook. While the nurse should encourage the patient to eat, it is not a good idea to force the patient. The nurse can access the food preferences of the patient and try to include them in the menu selection. It is also possible to guide the patient in choosing foods high in protein, carbohydrate, vitamins and minerals (Csapkovics, 2001).

Teeth and chewing

Because many older people wear dentures or have no teeth, their food must be adapted so that they can chew and eat it. At the same time, it must be nutritionally balanced and attractively served (Christ, Hohloch, 1999).

Swallowing and difficulties

The older person may have an impaired swallowing mechanism. Make certain that the food provide is of a consistency that the patient can swallow. Assist the patient so that he or she does not gag or choke. If the patient has difficulty swallowing, it is advisable to have a suction apparatus available and functioning. The patient who has great difficulty swallowing may be frequently fed small quantities of liquids, using a large syringe or a small medicine cup.

Vitamin and mineral supplements

Many older people must take vitamins and minerals to supplement their daily food intake, maintain their body systems, and maintain their acid-base balance. The vitamin that is most often given is a daily multivitamin.

Older people may be assisted in taking medications by crushing tablets or by putting medicine into custard, cereal, or jelly to make the taste less disagreeable.

If injections are given, it is important to consider the person's size when selecting the needle and the injection site (Biro, Lindner, 1995).

Obesity

Excess weight can become a serious problem for the older person. It is very difficult to lose weight when exercise has been decreased. As a result of this lack of exercise, tissue that was formerly muscle becomes fatty. To help control weight, a low calorie diet is often given (Zajkás, 2007).

Supplementing oral intake

In many cases, the older person, particularly one who is ill, can not eat and drink enough to maintain an adequate nutritional status. In this event, an alternate means of obtaining nutrients may be needed to supplement or to replace the oral intake.

Tube feedings

Tube feedings is one means of providing adequate nutrition. A tube is placed through the oesophagus directly into the stomach and fluids are injected into the tube. An accurate record of food and fluid intake should be recorded.

Intravenous therapy

Peripheral intravenous (IV) infusions (usually in the veins of the arm or hand) may be given for a short period of time, however, this method alone does not provide adequate nutrients for prolonged use. Hiperalimentation or total parenteral nutrition (TPN) can be implemented, which provides all the essential nutrients. It is currently being used for certain long-term patients (Bíró, Lindner, 1995).

Elimination needs

Older people are frequently preoccupied with bowel function. Despite their marked concern, they need to be reassured that a daily bowel movement is not necessary (Milliken, Campbell, 1991).

Constipation

Many older people need a stimulus to keep their bowels functioning adequately. Often bran flakes or prune juice is adequate. However, sometimes a laxative or stool softener may be required. Unfortunately, many people become accustomed to taking a laxative daily and believe they can not do without it. The nurse should be aware of the patient's elimination patterns and should encourage the patient to exercise regularly, eat fruits and vegetables, and drink plenty of water. This regimen will encourage regular and comfortable elimination (Milliken, Campbell, 1991).

Bladder and bowel incontinence

The older person may have difficulty in controlling bladder and bowel functions. To overcome this problem, he or she can be retrained by following a regular schedule. Such a bladder or bowel retraining program is eagerly accepted by most patients, because it can alleviate embarrassment. In the first stage of the retraining program, the interval between trips to the bathroom or times when the urinal or bedpan is offered is short. This interval is gradually lengthened, and within a few days the patient will usually begin to feel the stimulus to excrete. Although this process takes time and patience, it pays off in the increased sense of self-esteem felt by the patient (Czibulka, Lakatos, 1995).

Since catheters can be a means of introducing organisms into the urinary tract, they are not the treatment of choice for urinary incontinence. If the patient is incontinent, he or she should be cleaned as quickly as possible since this is obviously an

embarrassing situation. He or she should never be chided or scolded for incontinence. Effective garments can be purchased today so the incontinent or partially incontinent person can lead a normal life (Illei, 1995).

Personal hygiene needs

Skin care

The older patient is often more susceptible to skin breakdown or pressure areas than the younger person. If the patient is incontinent, it is vital that he or she is kept clean and dry to prevent the development of decubitus ulcers. It is also important to rub the skin with lotion to keep it soft and to promote peripheral circulation. Remember; because an older person's skin is very thin and inelastic, it can break down very quickly, decubitus ulcers have developed from lying in one position on an operating table for only 2 to 3 hours. If the patient absolutely can not get up in the chair, an alternating pressure mattress, a flotation pad, or lamb's wool may be used.

Because the sweat and oil glands are less active, the daily bath can do more harm than good to thin, dry skin. Oil in water can be used for cleansing (Sáhó, 1994).

Oral hygiene

The patient must be encouraged to care for the mouth to prevent dental difficulties and halitosis. At times, the nurse must provide assistance to the patient in caring for teeth or dentures.

Hair care

Shampoos should be given as needed to promote comfort and cleanliness. Because the older person's hair is commonly dry and brittle, shampoos should not be given too often. However, a fresh hairdo or haircut may give the patient a more positive self-image, so a trip to the beauty or barber shop should be offered.

Nail care

The fingernails and toenails of the older person are usually hard and brittle and can be very difficult to care for. They should be soaked and then cut with a blunt scissors, although special care must be taken to prevent cutting the patient. The nails should be cut straight across to prevent ingrown toenails. Be sure to follow hospital policies in regard to foot care of the diabetic, many hospitals do not allow nurses to cut

the toenails of a diabetic. Sometimes, the older person's nails become so hard and thick that they must be surgically removed (Illei, 1995).

Clothing

The nursing home resident should be allowed to wear his or her clothes. Patients should be encouraged to dress is street clothes each day and their efforts to appear clean and well-groomed should be complimented. Sometimes, a new shirt or dress can greatly enhance the patient's morale.

Safety

Older people may be unsteady on their feet or may misjudge their physical capabilities. Accidents are a leading cause of death and disability in the elderly. The accident rate for elderly people is much higher than for any other age group, except small children. The greatest dangers are falls, pedestrian auto accidents, and fires. The nurse can do many things to protect the patient from injure in an unfamiliar environment (Szűcs, 2000).

Loss of proprioception

Proprioception is the sensation of the body's position is space. It tells a person where the hands and feet are and it gives information about body position and posture. Many older people lose this sense and are not sure where they are stepping, especially if they are walking on dark floors, bare ground, or a dark paved area. The person has more difficult in staying erect without looking. The older person with a loos of proprioception may lose his or her balance when hyperextending the neck to look up at a clock or high shelf. When one loses balance, it is hard to regain. The nurse can help by teaching the person about obstacles and uneven ground. When walking with an older person, allow him or her to take our arm does not push or pull, the person will be able to feel the movement of our body. Also, avoid quick turns, so the person does not lose balance. Remove small rugs and make sure the floors are not highly waxed. Leave a night light on. Many older people are afraid of falling and may grab either the nurse or the furniture when lifted or moved. The person must never be rushed or frightened (Rice, 1998).

Restraints and side rails

The patient should not be restrained unless it is absolutely necessary, the restrained patient will often exert much energy in an attempt to be released from the restraining device. Frequent reminders to the patient to ask for assistance when needed, as well as reassurance that the nurse is available and willing to assist, can replace the use of restraints in many situations. If there is danger that the patient may fall or become injured, restraints can be used with a physician's order. The restraint should be made as inconspicuous as possible, so the patient will not feel too overly confined.

Side rails should be up on the beds of the older patient at bedtime, because people are often more confused at night. The patient should be instructed to ask for assistance if he or she wishes to get up to go to the bathroom. It must be made certain that the patient does not become endangered by attempting to climb over the side rails. All beds must be in the low position when the patient is alone, day or night. The nurse can promote safety by assisting the person who walks unsteadily (Beregi, 1984).

Communication

Many older people have difficulty in communicating because of failing sensory systems. In spite of this, the patient should be encouraged to communicate to prevent feelings of isolation and rejection. It is better not to put the older person in a room alone, since this would not provide him or her with enough environmental stimulation (Imre, Fábián, 2006).

Hearing loss

A specific hearing disorder of aging (presbycusis) begins about age 40 and progresses with age. The patient who is hard of hearing should be evaluated to determine if a mechanical hearing aid would compensate for the hearing loss. If so, the nurse should encourage the patient to wear the hearing aid, even if the patient is reluctant to do so. Special devices are available for telephones and televisions to enable the hearing-impaired person to hear better (Beredi, Bodnár, Császár, 1999).

Nurses who speak clearly, slowly, and loudly while facing the patient can minimize the patient's hearing limitation. Hand gestures also help the person to understand. Communication techniques are extremely important when caring for the patient with impaired hearing. The patient should be questioned to make certain that the message is understood. If it is not understood, different words should be used and distracting

background noises should be eliminated. If there is a total loss of hearing, communication can be written. News-papers and magazines will help keep the hearing-impaired patient aware of current events (Illei, 1995).

Aphasia

Loss of speech often accompanies a stroke. The nurses should remember to converse with the patient even if he or she is unable to speak. It is important to encourage the patient to communicate in other ways, using gestures and writing when possible. A speech therapy program is often helpful (Dooghe, 1990).

Physical activity and exercise

Physical activity is an important part of the total health program for the elderly. It is vital to keep moving and exercising in order to maintain circulation, muscle tone, and general health, as well as to prevent deformities that may occur from disuse. The patient should participate in active range of motion exercises whenever possible, if this is not possible, it is necessary to provide passive range of motion exercises. Walking activities should be encouraged. Instructions on the use of walking aids such as walkers, crutches, or canes must be given to the patient.

The dangers of prolonged bedrest and lengthy sitting are numerous and should be avoided – no patient should be allowed to remain in bed all day. The more physical activities that a patient has, the healthier he or she may feel. A rocking chair is a socially acceptable means of providing some physical exercise for almost every patient (Dóra, Polonyi, 2002).

Emotional support and mental stimulation

Physical and mental health is just as important as physical health. The patient should be encouraged to remain self-sufficient and mentally active. Unless the mind is kept active, he or she will succumb to feelings of boredom and depression. It is important for the older person to make decisions. Nursing care plans should provide situations where the patient can choose and participate in decision-making (Hack, 1996).

Anxiety

Anxiety is the greatest emotional problem of the aging person. There are a great many threats to the person's self-image and self-esteem. The person anticipates the losses of health, independence, the familiar home, family contacts, and life itself. This anxiety can result in with-drawl, isolation, confusion, and combative or other maladaptive behaviours. Anxiety is especially evident in the older person who becomes ill.

Remotivation techniques

Remotivation is an important adjunct to therapy for the older person. It attempts to focus the patient's attention on present reality, calling upon activities and memories from the patient's past, and to encourage participation by sharing. Groups may discuss, for example, the activities of the present (news), school days, trips, the season of the year, likes and dislikes, children, or foods (Forrai, Gyuris, Hranyecz, Ladányi, 2002).

Recreation

Recreation programs are essential during the nursing. Some elderly home has an occupational therapist to plan and direct activities. Such an ongoing program encourages individual participation, boosts morale, and provides an opportunity to meet people and to make friends (Christ, Hohloch, 1999).

Social life and activities

The patient should be encouraged to carry on a normal social life and to engage in as many previous activities as possible. The family should be included in the care plan and should be encouraged to visit and to take the older person with them on trips and outings.

Older people naturally love to see grandchildren and other children. The older person is interested in young people and will enjoy sharing his or her own youthful recollections. Often times, nursing students are a favourite among the residents in nursing homes. Pets are very welcome to many older people. They can provide companionship, stimulate the sense of touch, and encourage a sense of responsibility. Many confused residents will respond to an animal, even though they do not respond to other people. Pet therapy has proven very beneficial in geriatrics and is an accepted activity in many nursing homes, as well as in mental health units (Iván, 1995).

Religious support

The patient should be encouraged to carry on religious practices. Allow the patient privacy when a member of the clergy come t o visit. Many hospitals and nursing homes have visiting clergy who conduct religious services; the residents should be encouraged to attend. If it is impossible for a person to attend, tape recordings can be made.

Mental status

Lack of direction and decreased stimulation may contribute to a decrease in mental alertness or comprehension. It is important to keep the older person as much in contact with life as possible (Illei, 1995).

Changes in interpersonal relationships

The older person must often deal with the death of the spouse and friends and must find appropriate alternate of affection. The person's own children are now adults and it is important to learn to consider them as adults. It is also important for the aging person to find and maintain mutually satisfying relationships outside the family. A phenomenon which must be dealt with as the person grows older is that of having younger and younger friends. As the person grows older, more of the people of the same age move away or dies, therefore, if one is to have friends, it is important to cultivate friends of all ages (Cole, 1998).

Changes in lifestyle

It is important for an older person who is not completely mentally or physically disabled to choose and maintain social and civic activities and functions that are appropriate to his or her health, energy level, income, and personal interest. It is vital to maintain an active lifestyle and to develop leisure activities.

The aging person must learn to live on a retirement income and maintain an adequate standard of living. If this is a fixed income, it may not be enough to meet basic needs. Those people who have always taken care of themselves may find that it is necessary to seek help from a social service agency. This can be a very difficult adjustment for a formerly independent, hard-working, and self-sufficient person (Szűcs, 2000).

1.6. Elderly care in Hungary

The institution generally called „a social home" provides nursing and caring for people who are not able to look after themselves, or who need constant assistance. They get a complete provision.

These institutions provide:

1. meals at least three times a day
2. clothes and textiles needed
3. mental care
4. health care
5. accommodation

for those who cannot look after themselves in any other way.

Besides nursing and caring, residents are provided employment, and other habilitation, rehabilitation services.

The „social homes" are maintained by the state and the local governments. Although we first think of homes for elderly people, these institutions provide specialized nursing and caring, which are suitable for the elderly.

Nursing and caring take place in the following institutions:

1. in a home for elderly people
2. in a home for psychiatric patients
3. in a home for addicts
4. in a home for disabled people
5. in a home for homeless people (Zám, 1993).

Homes for elderly people

The home for elderly people provides nursing and care for elderly people, who are over the age of retirement and need care for more than four hours a day, but do not require an in-patient medical treatment.

Besides the elderly people, others can also be admitted, if they are over 18, require care for more than four hours a day, who cannot look after themselves because of their illness.

Those people who suffer from psychiatric illnesses or are addicts are excluded from these homes, because they are treated separately, they get a special treatment, which is suitable for their state in other institutions.

In both cases mentioned above, a spouse, a brother or sister, or a close relative of the disabled person can also get admission into the home for elderly people (even if he or she does not need any care) if he or she lived together with the person in care for at least one year at the time of application (Szabó, 1988).

How can one apply for the special nursing and care?

Applying for admission into institutions which provide individual nursing and care is always voluntary. Admission into such an institution can only be applied by the applicant, or his or her legal representative.

The application has to be handed in to the director on a special form used in the given institution. The applicant should enclose the declaration of income and other data and documents as well, which are needed for the provision. The local government determine the following in regulations:

1. the forms of individual care provided by the local government,
2. the forms of handing in the application demanding the provision,
3. the cases and method of ceasing the provision.

The applicant must be informed about the conditions of the provision when handing in the application form. The director of the institution informs the applicant about the decision and the possibility of getting the provision in writing.

How much is the payment in the institutions which provide the services?

One has to pay for the services provided by the social institutions.

The services are free of charge for those who do not have any income, cash or property, or do not have any relatives who could be obliged to and be able to take care of them.

The payment is determined as an actual amount of money by the director of the institution (by the local government in case of an institution which is maintained by the local government) on the basis of the declaration of income. The applicant must be informed in writing about the payment before the provision starts. The monthly payment cannot be more than 80% of the monthly income of the cared person (Sümegi, 2000).

1.6.1. Characteristics of a good elderly home

A good elderly home

- is licensed by the state or local government and regularly inspected
- has a physician who makes regular visits
- has a staff of registered nurses who are available 24 hours a day, every day of the week
- provides other health and therapeutic care
- provides special services for residents, such as beautician, barber
- provides rehabilitation services by trained personnel and encourages all residents to work toward rehabilitation
- has an in-service program for all staff members
- conducts routine staff member evaluations
- maintains high standards of safety for the residents
- provides nutritionally adequate food and special diets if needed
- provides for the social needs of the residents in a homelike atmosphere
- has a well-planned and purposeful activities program
- provides a recreational program
- maintains a medical record, and nursing care plan for each resident
- makes provisions for obtaining necessary diagnostic laboratory and radiology services for the residents
- encourages family and friends to visit often
- encourages visits by young children and many times by pets
- recognizes and provides for spiritual needs of the residents (Sümegi, 2000, Bácskay, 2004).

1.6.2. Residences for elderly care

1. Providing help in the home of the elderly person

The resident is in his or her own home and board, laundry and some personal services are provided by the city or village social care centre. The elderly has to pay for these services depending on how much his or her pension is.

2. Day care centre for elderly people

Elderly or lonely people are looked after in this centre from morning till the evening. It is open from Monday to Friday. It provides meals, social activities, cultural programmes and medical care. The elderly people have to pay for these services depending on their pensions. The elderly leaves his or her flat, this is a very important aspect for him or her, he or she belongs to a group, experts take care of him or her during the day.

3. Temporary home for elderly people

The resident lives in the elderly home, assistance is given to him or her in the activities of the daily routine if nursing needs require it. The time is limited for staying in the home. If a family has problems with caring the elderly person, they can bring him or her into this home for a short period. Everything is provided by the home: food, laundry, nursing/caring and cultural programmes. They have to pay for these services depending on their pensions.

4. Elderly home

    a. Elderly home maintained by the government

The elderly person has to pay for the provision depending on his or her pension. Full board is provided. The period of living-in is not limited. There is a long waiting list. There are elderly homes of this type with more than a hundred residents and others with less than a hundred residents. The fewer residents the home has, the more friendly the atmosphere is. Everything is provided by the home: food, laundry, nursing/caring and cultural programmes.

    b. Elderly home maintained by the church

These homes belong to the church. Generally they have new and modern buildings; they are well-equipped with voluntary donations from abroad. They have only a few residents. The connection between residents and their families is very strong. Living in the home is very expensive; the elderly have to pay for the admission and a rent every month as well. The rent does not depend on the elderly person’s pension, it is a fixed

amount. They do not have a waiting list, because the cost is so high. Everything is provided by the home: food, laundry, nursing/caring, cultural programmes.

c. Private elderly home

They are very nice homes, houses in nice environment. The admission fee is very high. Life is well organized. The elderly person has to pay for it every month depending on his or her pension. Generally the number of residents is small. The home encourages private life. Everything is provided by the home: food, laundry, nursing/caring and cultural programmes.

1.7. The Social-Ecological model

The **Social Ecologica Model** is a framework to examine the multiple effects and interrelatedness of social elements in an environment. It can provide a theoretical framework to analyze various contexts in multiple types of research and in conflict communication. Social ecology is the study of people in an environment and the influences on one another. This model allows for the integration of multiple levels and contexts to establish the big picture in conflict communication. It is primarily a qualitative research model to conduct field observations.

Urie Bronfenbrenner's (1979) Ecological Systems Theory divides factors into four levels: macro-, exo-, meso-, and micro-, which describe influences as intercultural, community, organizational, and interpersonal or individual. Bronfenbrenner's perspective (1979) was founded on the person, the environment, and the continuous interaction of the two. This interaction constantly evolved and developed both components. However, Bronfenbrenner realized it was not only the environment directly affecting the person, but that there were layers in between, which all had resulting impacts on the next level. His research began with the main purpose of understanding human development and behavior.

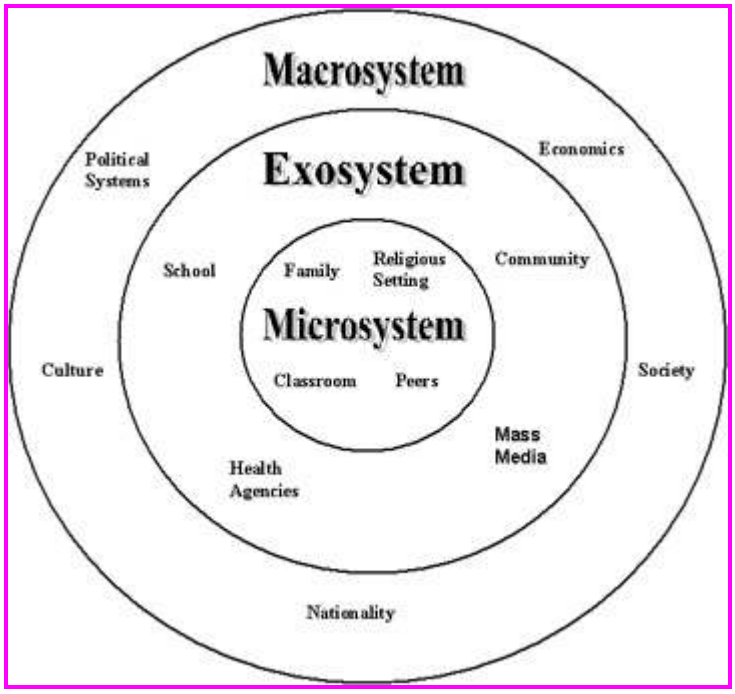
Bronfenbrenner (1979) considered the individual, organization, community, and culture to be nested factors, like Russian dolls. Each echelon operates fully within the next larger sphere.

Microsystems consist of individual or interpersonal features and those aspects of groups that comprise the social identity (Hamre, 2008) which may include roles that a person plays (i.e. mother, father, sister, brother, child, etc.) or characteristics they have in common. These qualities and factors can be learned, as in membership to a group, but many are ingrained (e.g., ethnicity, gender.) The individual in his or her own microsystem is constantly shaped, not only by the environment, but by any encounter or other individual they come in contact with. This shaping is well explored in child development, as it would be unreasonable to believe a child is solely a product of the societal environment. There are multiple, simultaneous influences in child behavior and learning including culture, school, teacher, parental support and education level, involvement in extracurricular activities, etc.

Mesosystems are the organizational or institutional factors that shape or structure the environment within which the individual and interpersonal relations occur (Hamre, 2008). These aspects can be rules, policies, and acceptable business etiquette within a more formal organization.. Examples include schools, companies, churches, and sports teams. Mesosystems are essentially the norm forming component of a group or organization, and the individual is an active participant in this group or organization.

Macrosystems are the cultural contexts (Bronfenbrenner, 1979), not solely geographically or physically, but emotionally and ideologically. Examples of significant intercultural effects include Communism, Western culture, Military, Islam, and Christianity. Media plays a significant role on all levels, as it communicates information and assists in the development of expectations for all individuals in the respective culture.

Figure 2.



System of the Social-Ecological model 1.

The Social-Ecological Model

The ultimate goal is to stop violence before it begins. Prevention requires understanding the factors that influence violence. CDC uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to address the factors that put people at risk for experiencing or perpetrating violence. Prevention strategies should include a continuum of activities that address multiple levels of the model. These activities should be developmentally appropriate and conducted across the lifespan. This approach is more likely to sustain prevention efforts over time than any single intervention.

The Centres for Disease Control and Prevention use a four-level, social ecological model to identify potential areas for prevention activities:

Figure 3.

System of the Social-Ecological model 2.

Individual

The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse.

Individual level influences are personal factors, isolation, and a family history of violence. Prevention strategies at this level are often designed to promote attitudes, beliefs, and behaviours that support intimate partnerships based on mutual respect, equality, and trust. Specific approaches may include mentoring and education.

Relationship

The second level includes factors that increase risk because of relationships with peers, intimate partners, and family members. A person's closest social circle-peers, partners and family members-influences their behavior and contributes to their range of experience.

Interpersonal relationship level influences are factors that increase risk due to relationships with peers, intimate partners, and family members. A person's closest social circle—peers, partners and family members—can shape an individual's behaviour and range of experience. Prevention strategies at this level may include education and peer programs designed to promote intimate partnerships based on mutual respect, equality, and trust.

Community

The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.

Community level influences are factors that increase risk based on individual experiences and relationships with community and social environments such as schools, workplaces, and neighbourhoods. Prevention strategies at this level are typically designed to impact the climate, processes and policies in a given system. Social norm and social marketing campaigns are often used to foster community climates that promote intimate partnerships based on mutual respect, equality, and trust.

Societal

The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

Societal level influences are larger; macro-level factors that, such as gender inequality, religious or cultural belief systems, societal norms, and economic or social policies. Prevention strategies at this level typically involve collaborations by multiple partners to promote social norms, policies, and laws that support gender equity and foster intimate partnerships based on mutual respect, equality, and trust.

4. Results

4.1. Presentation of the data of the institutions

4.1.1. Residential Home in Balkány

The residential home in Balkány was opened in 2004, five years ago. It accommodates 49 elderly people. From them there are 9 male and 40 female residents. Their average age is 79,81years, the women's average age is 80,3years, and the men's average age is 77,66years. From them one man and three women are single; they do not have a spouse, a child or any relatives. There is one more woman, who is a widow and does not have any relatives. Besides her there are 43 widows or widowers in the home, namely, 36 widows and 7 widowers. This also shows that women's average age is higher than men's. Unfortunately, men live shorter than women. This fact is also proved by Hungarian statistics. From the 40 female residents 3 are single, 1 is married and 36 are widows. A married man and a married woman live in the home, but they are not a couple. Their spouses live in their family homes, but the man and the woman are provided at a higher level in the residential home than in their own homes, that is why they chose this form of placement.

The oldest female person in the home is 98years old; she has lived here for only one year. Her three children are still alive, they live quite near her; they visit her once a week. The woman chose this form of placement and this home for herself. The youngest female resident is 59years old, has lived in the home for two years, she has one child, who lives 70km away from her. She needs full care and provision, and family members from the city visit her every day. She is not able to leave the room because of her chronic illness. She can move only in a wheelchair. The oldest male resident is a 91year old widower, has lived in the home for three years. He does not have a child; his supporter chose this form of placement for him. He is able to go to the garden, but hardly ever leaves the home. He needs a walking aid to be able to walk safely. The youngest male resident is a 57year old widower, he has lived in the home for five years, he has one child, who lives 35km away from him, and visits him only once every half a year. Her supporter chose this form of placement for him. He is able to leave the home every day.

Table 5.

	single	widowed	married	married	total	average age
female	3	36	1	-	40	80,3years
male	1	7	-	1	9	77,66years
total	4	43	1	1	49	79,81years

n=49

From the 49 residents 46 lived only in this institution, 3 female residents, a widow and two single women lived in another home previously, two of them spent there 8 months, and they have lived in this home for 4 years and for 2years. The third one spent only two months in another home, and has lived in this home for 5 years. From the 49 residents 4 are single, they do not have any children, and there are 9 more residents, who do not have any children, among them there is an 84year old woman, who had one child, but he/she died. 36 residents have children; the total number of their children is 82. From them 9 died, so there are 73 children alive. In the examined population the number of children is smaller than in Hungarian average families, where it is 1,1.

Table 6.

	number of residents		number of children		number of children alive		number of dead children	
The residents have	female	male	female	male	female	male	female	male
1 child	7	1	7	1	6	1	1	-
2 children	13	4	26	8	25	8	1	-
3 children	9	-	27	-	24	-	3	-
4 children	1	-	4	-	4	-	-	-
5 children	-	-	-	-				
9 children	1	-	9	-	5	-	4	-
no children	9	4	-	-		-		-
total number	40	9	73	9	64	9	9	-
child:adult rate			1,10					

n=49

9 residents' children live within 10 km distance, but only two residents are visited daily by their children. Six residents are visited once a week; one is visited only once a month, although the children live quite near, within 10km distance. A 79year old widow has lived in the home for two years, she does not have a child, and she has never been visited in the home. She chose the home for herself to be looked after. 50% of the residents (25 residents) are visited at least once a week. 5 residents (10%) are visited once every half a year, or even rarer. The cause of this is not the distance, unfortunately, four of them do not have any children or close relatives. A widower's only child lives 35km away from him, but he is visited only once every half a year. He is 57years old, and does not have any contact with his child. This home was chosen for him by his supporter, he can walk only with the help of a stick, and he is disabled.

Table 7.

	distance from children				
frequency of visits	0-10km	11-50km	more than 51km	do not have a child, but somebody visits her/him	total
daily	3	3	2	1	9
once a week	5	4	-	-	9
twice a week	-	3	2	2	7
once a month	1	-	-	2	3
twice a month	-	5	2	2	9
once in a quarter of a year	-	3	2	1	6
twice in a quarter of a year	-	-	-	-	-
once every half a year	-	1	-	3	4
twice every half a year	-	-	-	-	-
even more rarely	-	-	-	1	1
never so far	-	-	-	1	1
total	9	19	8	13	49

n=49

The Amount of Old Age Pension

The average pension per month of those asked is 68 135HUF, about 250Euros. The average pension per month for women is 66 016HUF (240Euros), for men is 77 555HUF (280Euros), which is a bit higher. The 91year old man has the highest pension 140 000HUF (509Euros), who does not have a child, and has lived in the home for 3years. The smallest pension belongs to the 57year old man, it is 42 000HUF (152 Euros). Among women the highest pension per month belongs to an 80 year old woman, who has lived in the home for 5years, her pension is 98 000HUF (356 Euros). In this home everybody has to pay 80% of their pension for the provision. After paying this sum, everybody is left 50Euros per month, 13627HUF per month in average for their own purposes. In average they can spend less than 500HUF a day, which is 1,70Euros per day. This sum is not enough for the elderly person to buy some fruit, coffee or cake for himself/herself. The range of pensions is 102 000HUF (140 000-38 000=102 000HUF= 370 Euros). Modus value: 65 000HUF (236Euros). Median value: 66 000HUF (240Euros).

These elderly people should have some money put aside for their old age, but from the residents only13 have a small sum of money. 2 residents answered that they can always ask for, and they get money from their relatives every month, which is a financial supplement for them. They have to learn to live under modest financial circumstances, and save. They need their children's financial support, but at the

present economic situation, average families also face financial problems. The average pension per month in Hungary was 74 096HUF (270Euros) in January 2008.

Table 8.

number of years in retirement		0-10 years	11-20 years	21-30 years	31-40 years	total
female	number	2	7	19	12	40
	average pension	66 500HUF (238Euro)	63 005HUF (229Euro)	67 410HUF (245Euro)	65 484HUF (238Euro)	66 016HUF (240Euro)
male	number	2	3	3	1	9
	average pension	45 000HUF (164Euro)	67 333HUF (244Euro)	88 666HUF (322Euro)	140 000HUF (509Euro)	77 555HUF (282Euro)
total						49

n=49

The average pension between the two genders is different, men get higher pension, because they got a higher salary when they were active. There are two male pensioners, who have not reached the retirement age yet, they get very small pension. We can state that in the case of male residents, the amount of pension rises, as the number of years goes by, so the longer they have been pensioners, the more pension they will get. In the case of the women there is not an essential difference, the amount of pension does not depend on the number of years in retirement.

Table 9.

		average pension	obligatory fee/month	left to the person	left average
female	average	66 016HUF (240Euro)	80%	13 203HUF (48Euro)	13 467HUF (49Euro)
	maximum	98 000HUF (356Euro)		19 600HUF (71Euro)	
	minimum	38 000HUF (138Euro)		7 600HUF (28Euro)	
male	average	77 555HUF (282Euro)		15 511HUF (56Euro)	17 303HUF (63Euro)
	maximum	140 000HUF (509Euro)		28 000HUF (101Euro)	
	minimum	42 000HUF (152Euro)		8 400HUF (30Euro)	
average		68 135HUF (247Euro)		13 627HUF (50Euro)	

n=49

National Health Card

From the 49 residents only three have got a National Health Card, fortunately the 57year old disabled man has got one, whose pension is only 42 000HUF, and has lived in this home for five years. He is not in contact with his only child, he has a supporter. The other one is the 89year old woman, who also has a child, and who has also lived in this home for five years. Her pension is 68 000HUF. The third person who owns a National Health Card is an 87year old woman. Whose monthly pension

is 70 000HUF; this exceeds the maximum amount with which the card can be obtained. 25 other residents would be entitled to the National Health Card because of their low monthly pension, as their monthly pension does not reach the maximum amount. The highest pension belongs to a 91year old widower, who is childless, and has lived in the home for three years. The smallest pension belongs to a 57year old man, it is 42 000HUF.

Among women the highest pension belongs to an 80 year old woman, it is 98 000HUF, and she has lived in the home for five years. The smallest pension belongs to a 59 year old woman, she has not reached the retirement age in Hungary, she is a widow with one child, has lived in the home for two years. Her pension is 38 000HUF per month. She gets financial support from her child, who lives 70km away. Another very old woman answered that she got financial support from her children, who live quite near to her, her pension is 65 000HUF. The pension is lower if the pensioner is younger, and the government raises it by some percent every year, especially if the pension is small. This has been the practice in Hungary for a long time.

Taking Medicines

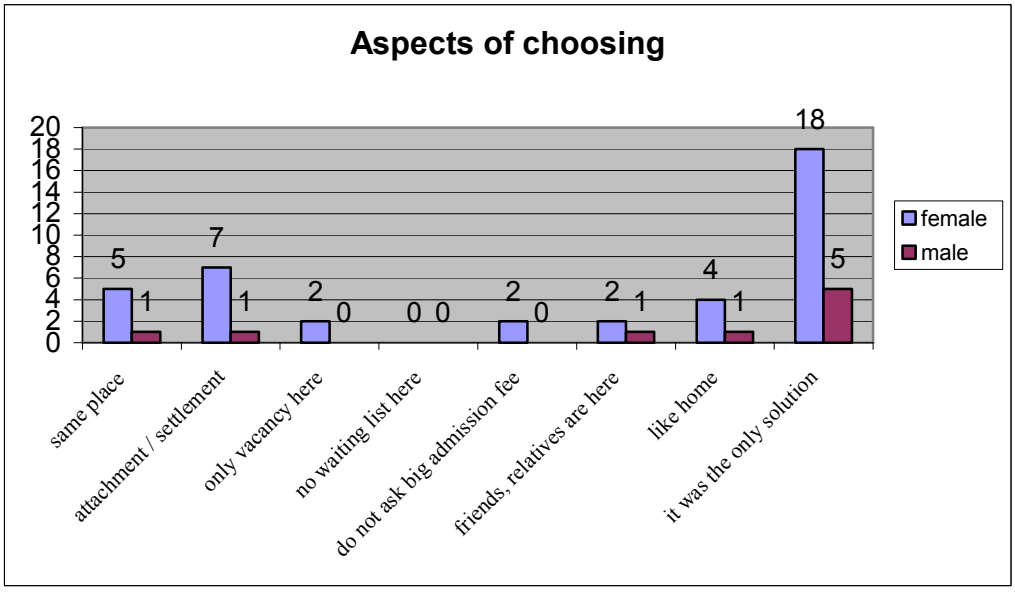
Only 3 residents do not take any medicines for the doctor's prescription, the other 46 residents do. For 37 residents the home can provide the medicines they need only party, they have to buy some of the medicines themselves. Eight residents take medicines, which can be given to them according to the regulation of the home. The three residents, who do not take any medicines, are the oldest in the home; they are 72, 85 and 89year old women. They only take medicines occasionally, for digestion or for bowel movements.

The Aspects of Choosing an Institution

This institution can be found in the centre of the settlement, in the main street. It is a modern building; it was built five years ago. The number of residents is relatively small, 49, so the home is not crowded, it is comfortable and cosy. For most residents this was the only solution for their placement, they did not have another choice, they are 18 women and 5 men, 47% of the residents. 14 residents (29%) lived in the place previously, or had some kind of connections with the town, that is why they wanted to live here and chose the home. 12 residents' answers were different, 2

women chose this home, because they did not have to pay a large sum of money before moving in, 3 residents have friends or acquaintances living in the home, 2 women found vacancies only in this institution when they were looking for one in the area, 5 residents liked the arrangement and the furnishing of the home.

Figure 4.



n=49

Who Chose This Home?

For 22 residents (44%) their children or the supporter chose the home, so the elderly people's wishes might not have been taken into consideration. From them 20 are widowed, 3 widowers and 17 widows. 27 residents (55%) chose the home by themselves, from them 12 residents have 2 or more children, from them 10 are women. 9 women and 3 men do not have any children, so they chose this home by themselves.

Table 10.

	widowed		married		single		number of children alive
	female	male	female	male	female	male	
their children chose the home	4	-	-	-	-	-	1
	13	1	1	1	-	-	more
	-	-	-	-	-	-	0 none
the supporter chose the home	-	1	-	-	-	-	1
	-	-	-	-	-	-	more
	-	1	-	-	-	-	0 none
total	22 residents 45%						
they themselves chose the home	3	-	-	-	-	-	1
	10	2	-	-	-	-	more
	6	2	-	-	3	1	0 none
total	27 residents 55%						
total	36	7	1	1	3	1	
total	43		2		4		

n=49

How often are the Residents Visited

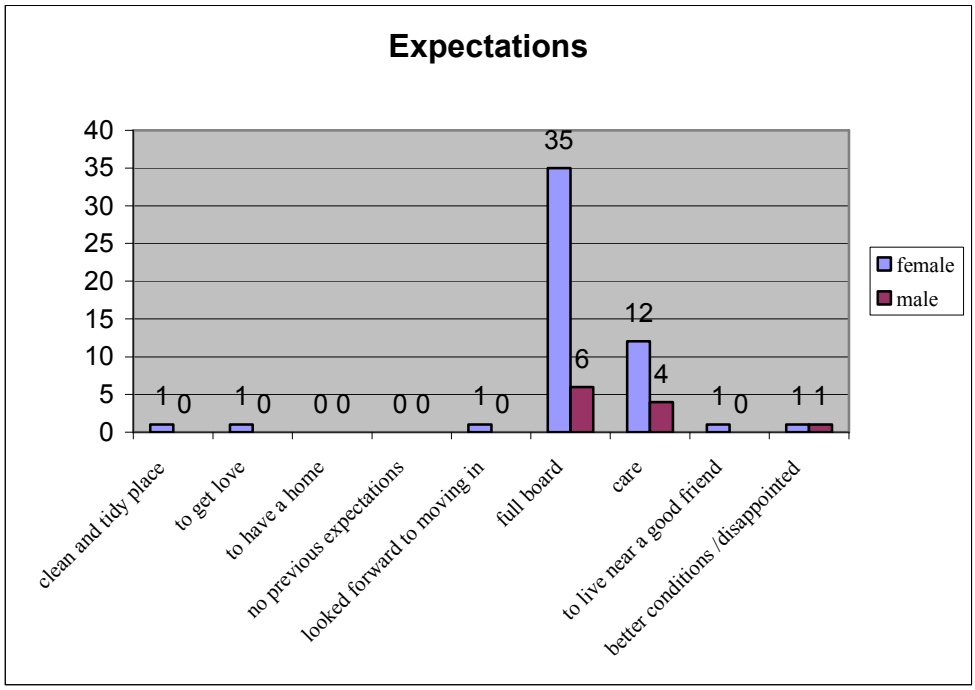
47 residents are visited regularly, only two women are not visited at all, because they do not have children or any close relatives. Both of them chose the home themselves, one of them has lived here for 2years, the other for 5years. Both of them chose this home, because this was the only way to continue their lives. The 79year old woman expected a complete provision in the home; the other woman was looking forward to moving in at the age of 83, 5years ago. Both of them had lived alone in their own homes, so it was important for them to get help and to be looked after at their age.

The residents were asked about their mental state after they were visited, 20 female and 7 male residents answered that they were calm. Unfortunately, 9 female residents answered that they were upset. One woman and one man answered that the visits did not mean anything to them, the woman is single, does not have a child, although she is visited twice a week by acquaintances, but the visits do not mean anything to her emotionally, she is 85years old. The man is single, too, without any children, 74years old, this home was the only solution for him, he is visited only once every quarter of a year by distant acquaintances. 17 residents look forward to the visitors very much.

Expectations in Connection with the Home

The residents were asked what kind of expectations they had had about the home before moving in. Most elderly people chose this home to get full board and provision and care. At their age the most important expectation was to have their needs fulfilled with some help. An 88 year old widow without children was looking forward to moving into the home very much, she has lived here for five years. Because of her loneliness she wanted to move into the home very much, which meant her safety, safe environment. She herself chose the institution; unfortunately nobody visits her, because she does not have any family members or relatives. A 70 year old widower answered that he was disappointed, because he had expected better conditions. He might not have other possibilities, because he has lived here for 5 years, since the home was opened. He is visited once a month, his children live quite near him. The residents could have chosen from several answers, but only a few of them did so.

Figure 5.



n=49

Free Time Activities

The residents get everything they need in the home, so it is very important not to let them live in a passive way and accept everything, but they should be motivated to initiate, to fulfil their needs for self-realization.

In this home the nurses try to involve as many residents in the activities as possible, but this attempt is not always successful, they should organize more interesting, colourful programmes for the elderly people. The nurse or the occupational therapist is not imaginative and creative enough to motivate the elderly to join the various community programmes. Most of the elderly women take part in church organizations (67%). They are take part in readings, organizations in an active way, because they discuss what they have heard, they tell their opinion about the text, this is excellent memory training for them at the same time.

Four elderly women answered that they were not able to attend the activities, but the occupational therapist goes to their place and he does not let them feel even more lonely. This institution employs a qualified occupational therapist and a social pedagogist, who deal with the residents. Male residents do not take part in programmes as much as women. Besides these activities, a lot of other activities and interesting programmes could be offered to the elderly, for example, inviting artists or actors and actresses to give a performance, or organize community programmes

connected to the season, the aim is to mobilize the elderly and not to let them deepen in their loneliness. The nurses should not care only with the bodies of the elderly people, but the elderly should keep up their interests and keep their memory vivid. This home has an occupational therapist and a separate room for free time activities. These possibilities are offered to the residents.

Table 11.

active participation			passive participation		
	female	male		female	male
mass	27	1	gymnastics	2	-
reading	22	2	music programme	1	1
gymnastics	19	4	the therapist goes to the resident	4	-
organized programmes	20	1	doing nothing	32	6
excursions	14	2			
community programmes	10	2			
doing nothing	5	4			

n=49

Opinion about the Food

From the 49 residents 30 women answered that the food was varied, they were satisfied with the range of food. From the 9 men 4 also answered that the food was varied. According to 35 female and 5 male residents the requests of the residents are taken into account when planning the menu. 15 residents answered that some food was also brought for them by relatives. 17 residents said that the cooked meals were even delicious, and 9 residents mentioned that the bakery's products were usually good and fresh. However, 8 female and 2 male residents said that they did not like the food. 6 residents often buy food in the buffet.

How much do they Move?

In the survey the residents were asked how much they moved, how big their moving area was. 2 female residents are bed bound, 6 female residents are not able to leave the room. 12 residents (24%) leave the institution, this number is rather small, 5 residents go out every day, 3 go out every second day, 3 go out once or twice a week, and 2 female residents go out even more rarely. 5 residents have never left the home since they moved in. 15 residents are able to go to the garden, 14 move only inside the building, 6 are not able to leave the room.

Table 12.

daily moving area			how often do they leave the home		
	female	male	female	male	
does not leave the bed	2	-	3	2	never since they moved in
does not leave the room	6	-	4	2	daily
moves only inside the building	11	3	2	1	every second day
goes to the yard, the terrace	13	2	-	1	three times a week
are able to leave the institution, go out	8	4	2	-	once a week
			29	3	very rarely
total	40	9	40	9	total
total	49		49		total

n=49

Free Time Activities

The residents were asked how they spent their free time.Most residents watch TV in their free time, thus they get some information about the outer world. It is an excellent opportunity to keep their memory vivid. If they read the daily papers as well, they will surely be well informed about news from the outer world. The home subscribes for the daily papers, the residents can read them. Those, who have poor eyesight, namely 23 residents, will listen to the pieces of news if the nurses read them, and they can discuss them afterwards, in this way their memory is kept vivid. For this activity the elderly people have to form a small group, this will also develop the community feeling. Elderly people can also read the articles from the papers to each other.

Life Functions

The residents were asked about their most important life functions. From the answers it is clear that the six life functions of the residents are satisfactory or bad. Unfortunately, there are only few residents who have good life functions. The cause of this can be found in the fact that 19 residents (38%) are not even able to go to the terrace, they just spend their days in their rooms or in the community room. It is important to note that the average age of the residents is 68,13years, which also explains the bad life functions. 59% of the residents leave the home very rarely, their area of life is restricted.

Table 13.

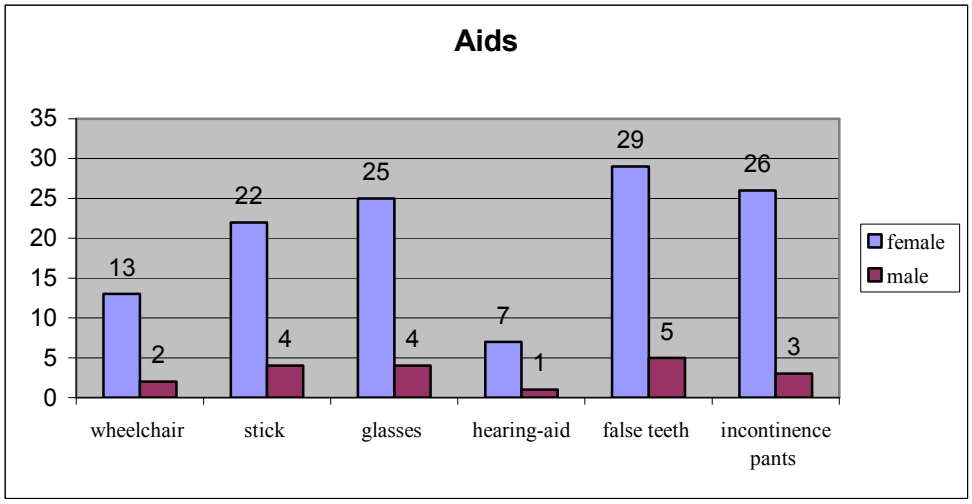
	good		satisfactory		bad		total
	female	male	female	male	female	male	
vision	5	-	17	4	18	5	49
hearing	7	2	17	4	16	3	49
moving	2	-	14	3	24	6	49
chewing	4	-	27	7	9	2	49
balance	1	-	15	3	24	6	49
orientation	11	2	17	2	12	5	49

n=49

Aids

Quite a lot of residents use some kind of aids. Wearing glasses does not depend on the age; glasses might be needed at any age. 59% of the residents have to use incontinence pants because of their bowel movements. 15 residents use wheelchairs and 26 residents use sticks. More women use these aids than men. Male residents are in a better condition in general, so they use fewer aids than female residents, or men are too vain to use the aids. 3 women and 1 man use 5 different aids, 10 women and 2 men use 4 different aids, 10 women and 2 men use 3 different aids. So one person uses several aids.

Figure 6.



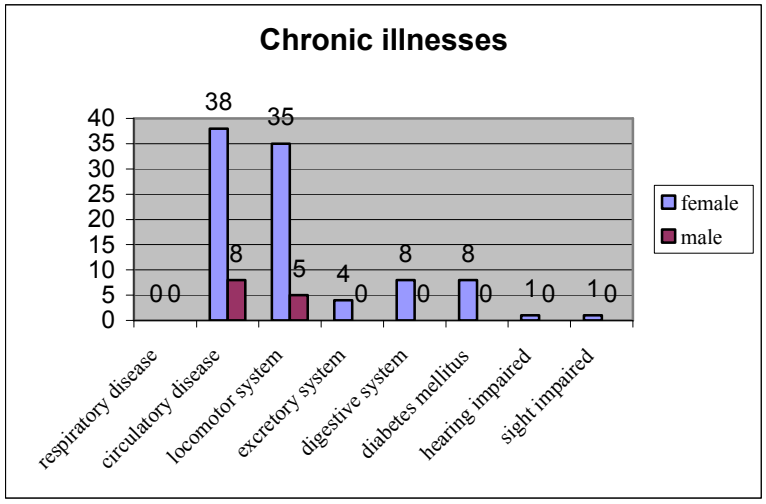
n=49

Chronic Illnesses

The 49 residents were asked about their chronic illnesses. The research shows great diversity between female and male residents. Male residents hardly have any chronic illnesses, 8 men complained about circulatory diseases, 5 men complained about locomotor diseases. Among women there are more different kinds of chronic illnesses, from 40 women 38 complained about circulatory diseases, high blood pressure, heart disease, etc. The second most common disease among women is the

disease of the locomotor system, 87% suffer from it. The number of other chronic illnesses is not very high. There are residents who suffer from more chronic diseases, for example, there is a man who suffers from three different kinds of illnesses, while among women there are 10, who suffer from three different kinds of illnesses, and 2 suffer from four different kinds of chronic illnesses. The figures show that more female residents have chronic illnesses than male residents.

Figure 7.



n=49

Mini Nutrition Assessment

Screening

The nutritional condition of the 49 residents has been assessed by a test which was developed by the Nestlé Nutrition Institute.The range of body weight is 55 (97-42). The median is 67. The modus is 49,5. The range of body height is 31 (181-150). The median is 165. The modus is 164,5. BMI range is 18 (35-17).

The average body weight of men is 66,77kg, the heaviest man is 87kg, and the lightest is 55kg. The average body weight of women is 68,27kg, the heaviest woman is 97kg, and the lightest woman is 42kg. The average body height of women is 163cm, the average body height of men is 171cm. The average body height is 164 cm. Women are shorter, weigh more, and have a higher BMI value than men. Women's average age is also higher, which is true to the Hungarian population as well. The range of the BMI value is 18 (35-17), the highest value is 35, the lowest is 17.

The first question in the survey was: Have you eaten less food during the last three months because of loss of appetite, digestive problems, chewing problems or

other problems? Only 3 residents have a bad appetite, 20 residents have a medium appetite, and 26 residents (56%) have a good appetite. 4 residents lost weight, more than three kilograms, 12 residents lost weight between 1 and 3kilograms, and 31 residents (63%) did not lose weight.

According to the MNA survey, which assessed their mobilization, 19 residents are able to move free, 18 residents are able to move inside the building, but they do not go out, 12 residents are bed bound or chair bound. 4 residents lost 3 kilograms during the last three months, one of them is a man who has three different kinds of chronic illnesses, and his BMI value is only 18. The other three women also have low BMI values. 4 men and 27 women did not lose weight, 4 men and 8 women also lost some weight during the summer months, 1-3kilograms. According to the survey, which also assessed their mobilization, 12 residents are bed bound; they are 11 women and 1 man. 18 residents move only inside the building, they do not go out, and it is 19 residents who are able to move free.

According to the answers given to the fourth question, 8 residents had a psychic stress or an acute disease in the last three months, while 41 residents did not. The residents answered to the fifth question that 10 residents have neuropsychiatric problems, serious depression or dementia, 10 residents have a mild depression and 29 residents (59%) do not have such illnesses. The research shows that every second resident has a good neurological state, while every second resident has some neurological illness.

Assessment

According to the first question in the survey, nobody is independent, because all the 49 residents live in the residential home. Naturally, this means that they can look after themselves in the home, but most of them use aids and need assistance. 15 residents use wheelchairs, and 26 use walking aids to be able to move safely, their balance is not satisfactory, their physical strength is weak.

Answering the second question, 46 residents take at least three kinds of medicines every day. Nobody has a bedsore, this is due to good nursing and that nurses pay attention to the mobilization of residents. Two residents are bed bound, six residents are able to move only in the room, and thus they give a lot of work to nurses. Everybody is provided three meals a day, they pay attention to the nutrition of the residents, and there is a woman, who eats ony twice a day. She can hardly

move, she uses an aid, her BMI value is 20. Those who can move are taken to the common dining room in order to have their meals together with the other residents. This is also a community programme, they can see each other, and they can talk. Everybody has his/her seat in the dining room, for those residents, whose orientation is not very good, they mark the seat, so that they can find it easier and are attached to it.

According to the answers given to the fifth question, protein intake is not satisfactory in every resident's case, from the three possible answers, 15 residents got zero point, which means, that their protein intake is not enough.

Only 29 residents eat fruit and vegetables daily, 20 residents do not eat enough of them. Four residents drink little liquid daily, 29 residents drink 3-5 cups of liquid, 16 residents drink more than five cups of liquids daily. The nurses should encourage the residents to drink more liquids, especially in summer, when it is very hot. 25 residents are able to eat alone, without any assistance, 17 residents need some help with the meals, and 7 women are unable to eat without assistance. 26 residents think they do not have any problems with eating, nobody thinks that they are underfed.

From the answers given to the tenth question, from the 49 residents only 10 (20%) think (9 women and 1 man) that their state of health is better than that of his/her age group. 10 residents think that it is similar, 16 residents think that their state of health is worse than that of his/her age group. 13 residents cannot compare their state of health to others in their age group.

From the answers given to the eleventh question, 34 residents' mid-arm circumference is bigger than 22cm, and 6 residents' mid-arm circumference is smaller than 21cm. 10 women and 2 men have smaller calf circumference than 31cm. 37 residents (30 women and 7 men) have bigger calf circumference than 31cm.

Table 14.

sex		**weight kg**		**height cm**		**age**	
female		68,27kg		163cm		80,3 years old	
male		66,77kg		171cm		77,66 years old	
I. Screening (subtotal max. 14 points)							
1. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?							
0 = severe loss of appetite		1 = moderate loss of appetite		2 = no loss of appetite			
f	m	f	m	f	m		
2	1	15	5	23	3		

2. Weight loss during the last 3 months							
0 = weight loss bigger than 3kg		1 = does not know		2 = weight loss 1-3kg		3 = no weight loss	
f	m	f	m	f	m	f	m
3	1	2	-	8	4	27	4

3. Mobility							
0 = bed or chair bound		1 = able to get out of bed		2 = goes out			
f	m	f	m	f	m		
11	1	13	5	16	3		

4. Has suffered from psychological stress or acute disease							
0 = yes		2 = no					
f	m	f	m				
5	3	35	6				

5. Neuropsychological problems							
0 = severe dementia or depression		1=mild dementia		2=no psychological problems			
f	m	f	m	f	m		
8	2	7	3	25	4		

6. BMI							
BMI less than 19		BMI 19-20		BMI 21-22		BMI more than 23	
f	m	f	m	f	m	f	m
3	1	9	3	4	2	24	3

II. Assessment (subtotal max. 16 points)							
1. Lives independently (not in a nursing home or hospital)							
1 = yes		0 = no					
f	m	f	m				
-	-	40	9				

2. Takes more than 3 prescribed drugs per day							
0 = yes		1 = no					
f	m	f	m				
37	9	3	0				

3. Pressure sores or skin ulcers							
0 = yes		1 = no					
f	m	f	m				
0	0	40	9				

4. How many full meals does the patient eat daily?							
0 =1 meal		1 = 2 meal		2 = 3 meal			
f	m	f	m				
1	0	39	9				

5. Selected consumption markers for protein intake							
0 = at least one serving of dairy products (milk, cheese, yoghurt) per day		0,5 = two or more servings of legumes or eggs per week		1 = meat, fish or poultry every day			
yes	no	yes	no	yes	no		
f	m	f	m	f	m		
11	4	11	1	18	4		

6. Consumes two or more servings of fruit or vegetables per day?							
1=yes		0 = no					
f	m	f	m				
25	4	15	5				

7. How much fluid (water, juice, coffee, tea, milk, ..) is consumed per day?						
0,0 = less than 3 cups		0,5 = 3 to 5 cups		1,0 = more than 5 cups		
f	m	f	m	f	m	
3	1	27	2	10	6	

8. Mode of feeding			
0 = unable to eat without assistance	1 = self-fed with some difficulty	2 = self-fed without any problem	

f	m	f	m	f	m		
7	-	12	5	21	4		
9. Self view of nutritional status							
0 = views self as being malnourished		1 = is uncertain of nutritional state		2 = views self as having no nutritional problem			
f	m	f	m	f	m		
0	0	18	5	22	4		
10. In comparison with other people of the same age, how does the patient consider his/her health status?							
0,0 = not as good		0,5 = does not know		1,0 = similar		2,0 = better	
f	m	f	m	f	m	f	m
11	5	10	3	10	-	9	1
11. Mid-arm circumference (MAC) in cm							
0,0 = less than 21		0,5 = 21-22		1,0 = 22 or bigger			
f	m	f	m	f	m		
4	2	9	-	27	7		
12. Calf Circumference (CC) in cm							
0=CC less than 31		1=CC 31 or bigger					
f	m	f	m				
10	2	30	7				

n = 49

According to first part of the screening 16 residents are between 12 and 14points, which is an acceptable result, there are no risks. They are 15 female and 1 male residents. 33 residents have 11 points or less, their state is not satisfactory. They are 25 female and 8 male residents. They are malnourished.

According to the total points of the MNA test, 10 women and 3 men have points under 17, so they are malnourished. 24 residents (19women and 5 men) acquire points between 17,5 and 23,5, so the risk of malnourishment is bigger in their case. 12 residents (11 women and 1 man) got more than 24 points, their nutrition is satisfactory.

4.1.2. Home for Elderly People in Nagyhalász, Run by the Calvinist Church

The residential home for elderly people in Nagyhalász opened in 2003, six years ago and provides home for 18 elderly people. From the 18 residents 6 are men and 12 are women. Their average age is 78,66years, for women it is 73,08yars, for men it is 78,16years. From them, one man and one woman are single; they do not have any partners, children or relatives. There is one woman, who is a widow; she does not have any relatives, either. Besides her, there are 13 widowed in the home, 10 widows and 4 widowers. This also proves that women's average age is higher than men's. Unfortunately, men live shorter than women. From the 12 female residents one is single, one is married, and 10 are widows. The average age of male and female residents does not support the data of average age of the Hungarian population, because the proportion is just the other way round, the average age of men is higher (78,16years) than that of women (73,08years). The average age of widowers is 80,75years, while the average age of widows is 78,3years. These data prove that in the examined population men's average age is higher than women's average age. There is one couple in the home.

Table 15.

	single	widowed	married	married	total	average age
female	1	10	1	-	12	73.08 years
male	1	4	-	1	6	78.16 years
total	2	14	1	1	18	78.66 years

n=18

From the 18 residents 16 have lived only in this institution, 2 residents, a widower and a widow, lived in another home previously, both of them spent 3 months there. From the 18 residents two are single, they do not have any children, and there is a widow, who does not have any children, either. The other 15 residents have 30 children altogether. From them 3 died, so there are 27 children alive. In the examined population the number of children is smaller than in an average Hungarian family, which is 1,3. In the case of the residents, it is 0,9.

Table 16.

residents have	number of residents	number of children	number of children alive	number of dead children
1 child	2	2	2	-
2 children	12	24	22	2
3 children	-	-	-	-
4 children	1	4	3	1
no children	3	-	-	-
total number	18	30	27	3
child:adult rate		1,0	0,9	

n=18

10 residents live within 10 km from their children, although it is only one resident who is visited daily. Four residents are visited twice a week; two residents are visited once a week. One is visited twice a month, and another one is visited once every half a year. One widow's child lives 5,5km from the home, but she has never been visited by her child since she moved in, which was 5,5years ago. Her children chose this home for her, she had not had any expectations in connection with the home, and it is her, who does not take part in any activities in an active way, she just listens to readings in a passive way. In this small community she is not alone, but she must be very lonely. The other residents' children live farther than 10km. There is a widow, whose child lives 270km away, but she is visited once a week by one of her family members. Two residents are visited only once every half a year, one of them is a single man, who does not have any children, and the other is a widow, whose child lives only 2km far. For elderly people keeping in touch with their family members, friends or acquaintances is really important. If they lose their former connections when they move into a residential home, it will mean giving up their former life. It is a mental shock for them to leave their own homes, and if it goes together with restricted connections, they will suffer from a mental trauma. All in all, 17 residents are visited in various frequencies, and there is one resident, who has not been visited for 5,5years, since she moved in. It is her, who moves only inside the building, she hardly ever walks out of the institution. If she needs anything, the nurses bring them into the institution for her.

Table 17.

	distance from children				
frequency of visits	0-10km	11-20km	more than 21km	do not have a child, but somebody visits her/him	total
daily	1		-	-	1
once a week	2	1	1	-	4
twice a week	4	2	-	1	7
once a month	-	1	-	-	1
twice a month	1	-	-	1	2
once in a quarter of a year	-	-	-	-	-
twice in a quarter of a year	-	-	-	-	-
once every half a year	1	-	-	1	2
twice every half a year		-	-	-	-
even more rarely		-	-	-	-
never so far	1	-	-	-	1
total	10	4	1	3	18

n=18

The Amount of Old Age Pension

In the research it is shown how much pension elderly people in the residential home get monthly, how much their income is. In this institution the average monthly pension of 18 residents is 76 415HUF, which is about 277 Euros, the smallest pension is 53 975HUF (196 Euros), the highest is 91 345HUF (322 Euros). In this institution everybody has to pay the same amount for the provision, namely 45 000HUF (163 Euros) a month. Thus the residents will have 31 415HUF (114 Euros) left as pocket money in average, which they can spend on what they need, for example, shopping, coffee, fruit, cakes, clothing, presents for each other, for the nurses, and for their visitors. However, the individual differences are quite big, the least pocket money is 8 975HUF (32 Euros). It belongs to a married woman, who has been retired for 24 years, and whose husband also lives in the home with her. The highest pocket money is 46 345HUF (168 Euros), which belongs to a widower, who has been retired for 29 years. The research also shows if there is a difference in the amount of pension between men and women. It is taken into consideration how long the person has been retired. These women could retire at the age of 55, while men at 60.

Table 18.

number of years in retirement		0-10 years	11-20 years	21-30 years	31-40 years	total
female	number	-	4	6	2	12
	average pension	-	77 896HUF (283 Euros)	73 490HUF (267 Euros)	72 310HUF (262 Euros)	
male	number	2	-	4	-	6
	average pension	71 402HUF (259 Euros)	-	83 881HUF (305 Euros)	-	
total						18

n=18

The calculations show that in the same age group the difference between men and women is 10 000HUF (36 Euros), which proves that men had a higher income when they were active than women, so they begin their retirement with a higher amount. The data show that the two men, who have been pensioners for less than 10years, and who did not retire as active workers, but as disabled people, get a much smaller pension.

Statistical calculations

The deviation value of the amount of pension: 37 370HUF (136 Euros) (91 345-53 975 =37 370); the median value: 77 615HUF (282 Euros); the modus value: 79 999HUF (290 Euros). There is not a huge difference between the modus, the median and the mathematical average.

Table 19.

		average pension	obligatory fee/month	left to the person	left average
female	average	74 762HUF (271Euro)	45 000HUF (163Euro)	29 762HUF (108Euro)	26 162HUF (95Euro)
	maximum	84 750HUF (308Euro)		39 750HUF (144Euro)	
	minimum	53 975HUF (196Euro)		8 975HUF (32Euro)	
male	average	79 721HUF (290Euro)		34 721HUF (126Euro)	33 667HUF (122Euro)
	maximum	91 345HUF (332Euro)		46 345HUF (168Euro)	
	minimum	64 935HUF (236Euro)		19 935HUF (72Euro)	
average		76 415HUF (277Euro)		31 415HUF (114Euro)	

n=18

According to the statistics in 2008, the average amount of pensions is 74 096HUF (269 Euros) in Hungary, the national average for women is 69 352HUF (252 Euros), for men is 81 248HUF (295 Euros) a month, the difference between the genders could be 11 896HUF (43 Euros).

National Health Card

Only such people can apply for a free national health card, who acquires a small income. It means that they can get certain medicines free at the chemist's for the doctor's prescription. The maximum income in the case of one person is 68 000HUF (247Euros), in the case of a married couple it is 55 000HUF (200 Euros). For the application the applicant has to fill in a form, as well as enclose the list of medicines he or she regularly takes from the family doctor. The social board of the local government judges the application and brings the decision. The free national health card is valid only for one year, and then it has to be renewed. From the 18 residents 4 do not get the maximum amount, so they are entitled to acquire the card, but only one of them has it.

Table 20.

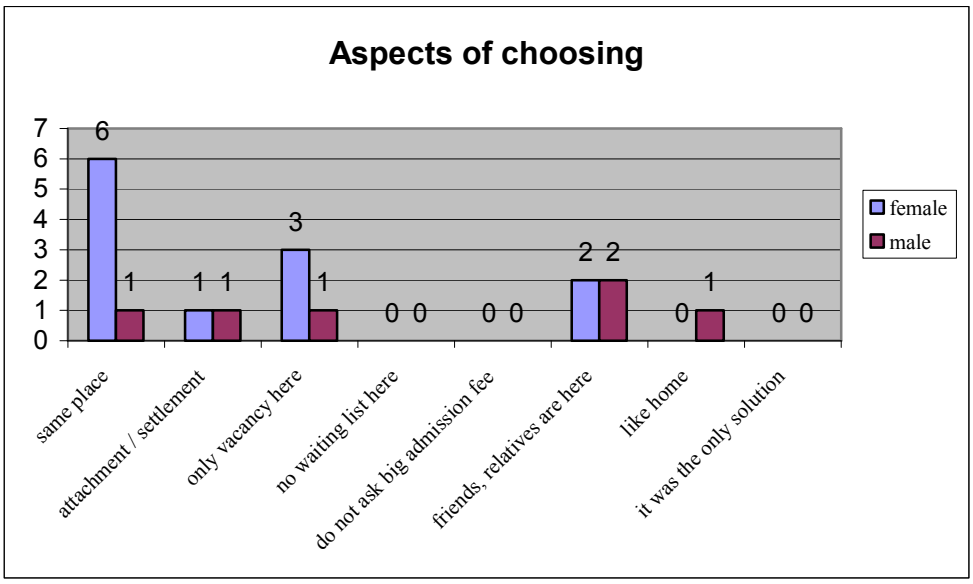
number of all residents	could be entitled to have it		number of residents who have it
18 residents	4 residents		1 resident
	62 205HUF (226Euro)	64 935HUF (236Euro)	64 935HUF (236Euro)
	65 380HUF (237Euro)	53 975HUF (96Euro)	

n=18

The Aspects of Choosing an Institution

This institution was built five and a half years ago in the middle of the settlement in the yard of the church. It is a new and modern building. With its 18 residents, it is not crowded at all, it is spacious and comfortable. When choosing the institution, for 7 residents the most important aspect was to live at the same place as they lived earlier. For them the attachment and nearness were important to the place, acquaintances and relatives. 4 people chose this home, because a family member or a friend lives here, from them 2 residents are a married couple. The couple has two children, one lives in the same town. The children chose this placement for their parents, because they considered it to be the best solution for them. 4 people answered that they had chosen this home, because when they had been looking for a placement, only this one had had a vacancy. Two other people are attached to the settlement, they used to live here, and they know somebody here that is why they chose this home.

Figure 8.



n=18

Who Chose this Home?

10 residents chose this home by themselves to stay there for their future life, while for 8 residents their children chose the home. There are more of those, who chose the home by themselves to live there. From 10 residents 4 lived in this town before. From those, whose children chose the home, 2 had lived in the same settlement before.

Table 21.

	widowed		married couple		single		number of children alive
	female	male	female	male	female	male	
their children chose the home	3	-	-	-	-	-	1
	1	2	1	1	-	-	2
	-	-	-	-	-	-	3
total	8 residents						
they themselves chose the home	1	-	-	-	-	-	1
	4	1	-	-	-	-	2
	-	1	-	-	-	-	3
	1	-	-	-	1	1	0 none
total	10 residents						
total	10	4	1	1	1	1	
total	14		2		2		

n=18

How often are the Residents Visited?

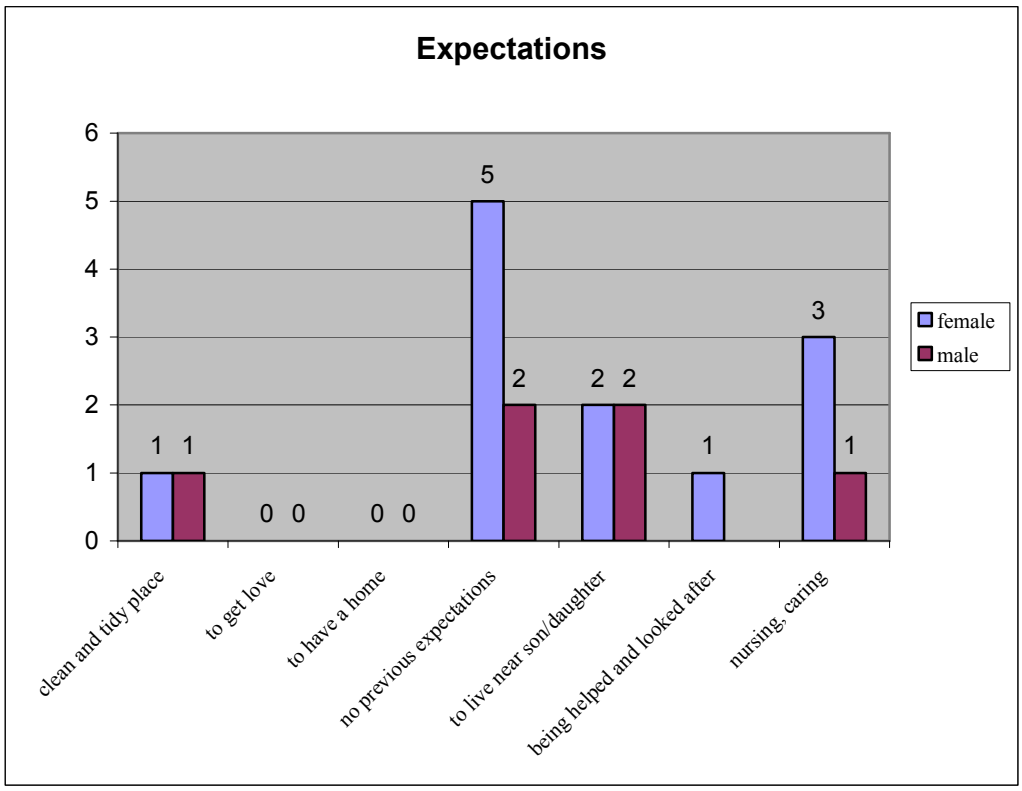
17 residents are visited regularly. There is only one woman, whose two children live quite near (5-15km), the home was chosen for her by her two children. However, nobody has visited her for more than 5years. The elderly woman stays only inside the flat; she does not leave the home. How do they expect the visitors, how do they feel after the visits? 15 residents get calm after the visits, 2 are upset, and there is 1, who is looking forward to seeing them. An elderly woman has never been visited, so she did not answer this question.

Expectations in Connection with the Home

In the survey the residents were asked what kind of expectations they had had in connection with the home before moving in. 7 residents did not have any kind of expectations, two of them could find vacancy only in this home then, and so this home was the only possibility for them to move in. Two residents wanted to come to this home, because a friend, or a family member lived here, this demand determined their choices. Three residents lived in the same settlement, so they knew the home well, they knew where they would go, what the circumstances were like, and they

had even visited it before. So they did not have any kind of expectations. None of them were disappointed about the institutional circumstances; they did not face any unexpected or awkward situations after moving in.

Figure 9.



n=18

Free Time Activities

According to the survey the most popular activities in this home are playing games and preparing napkins (7-7 residents). And there are 7 residents, who do not take part in any of the activities. A favoured form of passing the time passively is taking part in readings. They like listening to the news or short stories. There is no separate room for these activities. A physiotherapist is employed part-time by the institution.

Unfortunately, three residents do not take part in the activities at all, not even in a passive way. One of them is an 89year old man, who has lived in the institution for five years, rests most of the time, moves only inside the building, and has problems with balance, hearing and movement. He does not have a wheelchair or walking aids. The other two people are an 84year old man and an 88year old woman, who do not take part in any activities, not even in a passive way. All they do is resting; one of the old men has never left the building since he moved in.

Table 22.

active participation			passive participation		
	female	male		female	male
games	6	1	reading	12	3
preparing napkins	7	-	lecture	2	-
doing nothing	4	3	watching TV	2	1
painting	2	-	mass	1	1
manual activity	2	-	doing nothing	1	2
looking after the garden	1	1			
walking	1	-			
watching a video	1	-			
needlework	1	-			
mass	1	-			
gymnastics	1	-			
cleaning	1	-			

n=18

This home was built in the yard of the church; it is maintained by the church, so my hypothesis was that the most important for the residents was going to the mass. Only 11% of the residents attend the mass, they are two male residents. In general we find that more women go to church than men, women are characterized by active religion more, but in this case it is not typical.

Opinion about the Food

The relationship between the kitchen staff and the residents is probably good, because the residents are often asked what they would like to eat. 12 residents (66%) say that they get food that they like very much. Six residents find the food varied, and seven find it delicious. Eight residents say that their request is taken into consideration when preparing the meals. Elderly people have a different taste; they may prefer traditional meals cooked by traditional cooking technique. In this home they get such meals.

One resident wanted to get involved in preparing meals; eight residents say that their requests are taken into consideration when preparing meals. One woman regularly buys some food in the buffet, she has lived in the home for four years, and her only child lives 270km far from her. Six residents answered that the nursing staff brings food for them from their own homes. Two residents are brought food by their relatives, who live quite near, and often visit them. From the 15 residents who have children and who live within 10km distance from their relatives, only two answered that their relatives bring them some food. 13 residents do not get food from them. Naturally, the residents get meals three times a day, but if they are hungry, they can always ask for some more food between the meals.

How much do they Move?

There is one woman, who cannot leave the room, two women and two men can only move inside the building, although only one of the women has a walking aid, a stick, the other do not have any walking aids. Four men and three women are able to leave the institution; four of them do this every second day. Six residents can go out to the garden, which is very nice in summer with beautiful flowers, benches and trees giving shade. They like sitting on the terrace, from where they can see the street very well, so that they can communicate with people passing by, and greet them. This was very important for the residents of the home, who know the place well.

There is one man, who has not left the home since he moved in, he can only move in a certain area inside the building, he uses a wheelchair and has to wear an incontinence pad. He is 84 years old, and has lived in the home for only one year.
To sum up we can say that from 18 residents 13 can leave the building, which is 72% of the residents, this means that 2/3 of them are able to move well.

Moving, walking would be very important for elderly people, because exercise can help them preserve their mobility as long as possible, it helps bowel movements and opens their bowels. Nurses should emphasize the importance of doing exercises; residents should do them as often as they are able to. In their answers the residents did not highlight the employed physiotherapist's work.

Table 23.

daily moving area			how often do they leave the home		
	female	male	female	male	
does not leave the bed	0	0	0	1	never since they moved in
does not leave the room	1	0	1	1	every day
moves only inside the building	2	2		0	every second day
goes to the terrace, the garden	5	1	3	1	three times a week
is able to leave the institution, goes out	4	3	0	2	once a week
			8	1	very rarely
total	12	6	12	6	total
total	18		18		total

n=18

Free Time Activities

In the survey the residents were asked how they spent their free time. It is surprising that 10 residents still like reading despite their old age, they read the local paper daily, and they want to be well-informed about current events. Only some of them do activities where physical exercise is involved, for example, looking after the garden, the flowers. Only 2-2 residents do this activity, although the home has a nice garden with a lot of flowers. The others prefer watching them while they are working, due to their old age. For them even trunk-bending or moving would be a difficult task.

Life Functions

In the survey the residents were asked about the most important life functions. From the answers we can see that the six basic functions of most of the residents are very good or satisfactory. Only balance and orientation in space and time are not satisfactory with more residents, but because of their good general state, the six life functions asked in the survey work well as a whole.

Table 24.

	very good	satisfactory	bad	total
vision	4	12	2	18
hearing	8	8	2	18
moving	3	12	3	18
chewing	10	8	-	18
balance	9	5	4	18
orientation	11	2	5	18

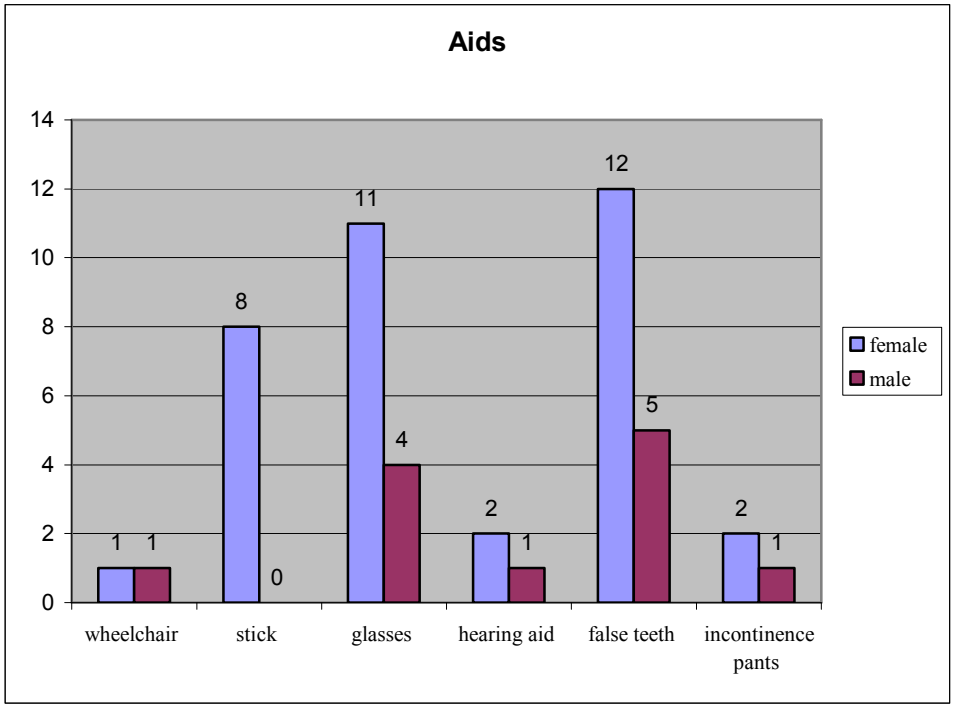
n=18

Aids

Although having glasses and false teeth are not restricted to a certain age, most elderly people wear glasses and have false teeth. A male resident of 89 is the only one in the home who does not acquire any of the above mentioned aids. He has lived in the home for 5 years, since it was opened. His eyesight, hearing and balance are bad, but he does not possess any aids, like glasses, hearing aid, stick or walking frame. He can only move inside the building. If he had some aids, he might be able to go to the terrace, sit in the garden with other residents. There is another man, aged 82, who has only one aid, his false teeth. He has also lived in the home for 5 years,

he is able to leave the home once a week, and all his life functions are good, except his orientation. Memory exercises and perhaps medicinal therapy might help him.

Figure 10.

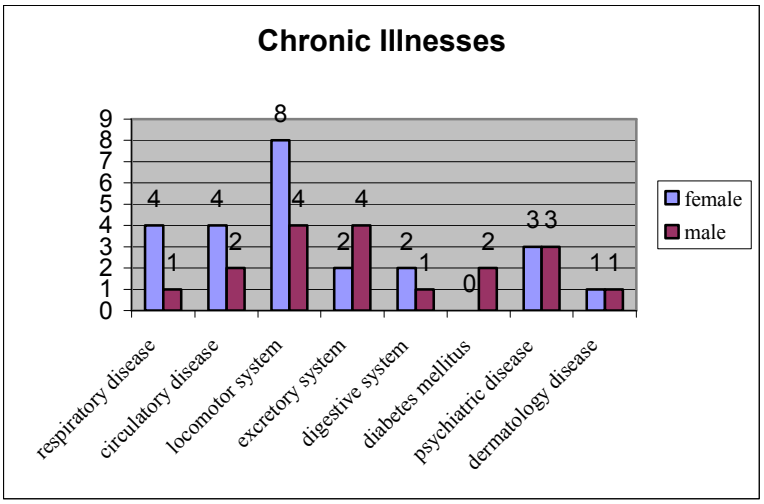


n=18

Chronic Illnesses

Most of the residents used to do physical work when they were active. This settlement was a village, and people used to do mainly agricultural work. That is why most of them have chronic locomotor diseases, from the 18 residents 10 have to use some kind of aids helping them with moving. The number of residents who have heart diseases, diseases of the excretory system, namely problems with opening the bowels, is quite high. Among elderly people holding the urine and/or incontinence is a common problem. This is due to the disorder of the constrictor muscles. Unfortunately, several residents suffer from psychiatric diseases, such as dementia, depression, apathy. Medicinal therapy and activities can help the residents preserve their mental functions. Unfortunately, the home does not employ a free time organizer; neither does it have a separate room for activities.

Figure 11.



n=18

Mini Nutrition Assessment

Screening

The nutritional condition of the 18 residents has been assessed by a test which was developed by the Nestlé Nutrition Institute. The average weight of men is 72kg, the heaviest is a man with 102kg, and the lightest is a man with 51kg. The average weight for women is 64,25kg, the heaviest is 92kg, and the lightest is 51kg. The modus value is 59,5kg, the median value is 60,5kg. The range is 51kg. (102-51=51kg). Body height for men is 169,5cm, for women it is 159cm. Mathematical mean value/average body height is 162,5cm. The modus value of body height is 164,5cm, the median value is 163cm. the range is 43. (180-137=43cm).

The first question in the survey was: Have you eaten less food during the last three months because of loss of appetite, digestive problems, chewing problems or other problems? Nobody has bad appetite, 5 residents have medium appetite, and 13 residents have good appetite. Nobody had a loss of weight more than 3kg, 6 residents have lost weight between 1-3kg, and 12 residents had the same body weight.

According to the MNA survey, which assessed their mobilization, 12 residents are able to move free, 5 residents are able to move inside the flat, but they do not go out, 1 resident is bed bound, he lost 1-3kg, and has medium appetite, and had a psychic stress during the last three months. Besides him, two other residents had a psychic stress, an acute disease in the last three months; one of them is able to move only in the flat. Fortunately, 15 residents lead a regular life; they did not have a psychic stress or an acute disease in the last three months.

The next question is in connection with the answers given to the former question, namely 6 residents have psychic diseases, dementia or depression. 12 residents do not have any psychic diseases.

According to the first question of the survey, nobody is independent, because all the 18 residents live in the residential home. Naturally, this means that they can look after themselves in the home, and only two residents use wheelchairs, and one resident is not able to leave the room.

According to the second question, all the 18 residents take at least three different medicines every day. One resident has a bedsore. She was born in 1925, weighs 58kg, suffers from dementia, has medium appetite, she has lost 3kg. Her condition is not satisfactory. But she is patient, never complains. 17 residents do not have a bedsore. This is due to the careful nursing, the nurses care about the residents' mobilization. Three meals a day are provided, and the nurses pay attention to how much residents eat, everybody should eat as much as they wish. The meals are served in the diningroom; they eat together at the same time, so they can encourage each other to eat up their food. One of our poets writes: "the food tastes better, if they all eat".

According to the answers given to the next question, the daily protein consumption is satisfactory; all the residents gave two yes answers from the three choices. Only 8 residents eat fruit and vegetables daily, 10 residents do not eat the necessary quantity from fruit and vegetables. An elderly man, who was born in 1927, does not take enough liquid, fruit or vegetables. 8 residents drink 3-5 cups of liquid daily, 9 residents drink more than 5 cups of liquid daily. It is very important to drink enough liquid at an elderly age, because the dehydrated person's brainwork could be disturbed. Elderly people can be disorientated in space and time, but after filling up the blood vessels with liquid, their consciousness, their thinking clears out. 13 residents can eat alone, three residents need some help, and two are unable to eat without help. 13 residents think that they do not have any problems with nutrition, two consider themselves underfed.

Answering the tenth question in the survey, from the 18 residents only one believes that his/her state of health is better than others in his/her age group. Five residents believe it is similar, and three residents believe that their state of health is worse than others in their age group. Nine residents cannot judge their state of health compared to others in their age group.

On the basis of the following answers, 15 residents have bigger mid-arm circumference than 22cm, and two residents have smaller than 21cm. Both of them have smaller calf circumference than 31cm. Besides them, four other residents have smaller calf circumference than 31cm. 11 residents have bigger calf circumference than 31cm.

Table 25.

sex	**weight kg**	**height cm**	**age**
female	64,25kg	169,5cm	78,91 years old
male	72kg	159,08cm	78,16 years old
I. Screening (subtotal max. 14 points)			
1. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?			
0 = severe loss of appetite	1 = moderate loss of appetite	2 = no loss of appetite	
-	5	13	
2. Weight loss during the last 3 months			
0 = weight loss bigger than 3kg	1 = does not know	2 = weight loss 1-3kg	3 = no weight loss
0	1	5	12
3. Mobility			
0 = bed or chair bound	1 = able to get out of bed	2 = goes out	
1	5	12	
4. Has suffered from psychological stress or acute disease			
0 = yes	2 = no		
3	15		
5. Neuropsychological problems			
0 = severe dementia or depression	1=mild dementia	2=no psychological problems	
6	0	12	
6. BMI			
BMI less than 19	BMI 19-20	BMI 21-22	BMI more than 23
1	2	5	10
II. Assessment (subtotal max. 16 points)			
1. Lives independently (not in a nursing home or hospital)			
1 = yes	0 = no		
0	18		
2. Takes more than 3 prescribed drugs per day			
0 = yes	1 = no		
10	0		
3. Pressure sores or skin ulcers			
0 = yes	1 = no		
1	17		
4. How many full meals does the patient eat daily?			
0 =1 meal	1 = 2 meals	2 = 3 meals	
0	0	18	
5. Selected consumption markers for protein intake			
0 = at least one serving of dairy products (milk, cheese, yoghurt) per day yes no	0,5 = two or more servings of legumes or eggs per week yes no	1 = meat, fish or poultry every day yes no	
18			
6. Consumes two or more servings of fruit or vegetables per day?			
1=yes	0 = no		
8	10		
7. How much fluid (water, juice, coffee, tea, milk, ..) is consumed per day?			

0,0 = less than 3 cups	0,5 = 3 to 5 cups	1,0 = more than 5 cups	
1	8	9	
8. Mode of feeding			
0 = unable to eat without assistance	1 = self-fed with some difficulty	2 = self-fed without any problems	
2	3	13	
9. Self view of nutritional status			
0 = views self as being malnourished	1 = is uncertain of nutritional state	2 = views self as having no nutritional problem	
2	3	13	
10. In comparison with other people of the same age, how does the patient consider his/her health status?			
0,0 = not as good	0,5 = does not know	1,0 = similar	2,0 = better
3	8	5	1
11. Mid-arm circumference (MAC) in cm			
0,0 = less than 21	0,5 = 21-22	1,0 = 22 or bigger	
2	0	16	
12. Calf Circumference (CC) in cm			
0=CC less than 31	1=CC 31 or bigger		
7	11		

n = 18

According to the first part of the screening 11 residents have points between 12 to14, which is an acceptable result, there are no risks. They are 8 female and 3 male residents. 7 residents have 11 points or less, their state is not satisfactory. They are 4 female and 3 male residents.

According to the total points of the MNA test, 4 residents' results are under 17points, they are 3 women and 1 man. They are malnourished. One man got only 7 points, he is 84years old, bed bound, has severe depression, he has lost some weight recently. 8 residents received points between 17 and 23,5, they face the risk of malnutrition (5 men and 3 women). 6 residents got points between 24 and 30 (33%), their nutrition is satisfactory (4 women and 2 men). The highest point was 26.

4.1.3. Nyírpazony Residential Home for Elderly People

The Residential Home for Elderly People in Nyírpazony opened in 2002, seven years ago, and after several extensions it can accommodate 50 elderly people now. At the beginning the home started operating in a building, which used to be a school and after some reconstruction work had been done. But since then there have been several extensions mainly from money won in tenders. The manager of the home is the priest of the local reformed church, who is a very enthusiastic and creative leader. At present there are 35 residents, 24 women and 11 men. This village is 10km far from a city, but the village itself is developing fast. The average age of the residents is 78,34years, the average age of women is 79,91years, and the average age of men is 74,90years. The range of the age is big, the youngest resident is only 54years old, and the oldest is 102years old. So the range is 48 (102-54). The modus value is 99,5. The median value is 79.

From the 24 female residents 4 are single, they have never been married, 2 are married and 18 are widows. From the two married women one is 85years old, has three children alive, her husband does not live in the home. Her children chose this form of living for her; she has lived in the home for half a year.

The other woman is 69 years old, she has lived in the institution for 8 months, but her husband is not a resident of the home. They brought the decision together with their children that her needs would be satisfied in a more satisfactory way in this home than in her own home. From the 11 male residents 2 are married, 9 are widowers. One of the married men is 85years old and has lived in the home for 4 years, he has two children. The other man is 84years old, he has lived in the home for 8 months, his three children live 10km, 200km and 300km far from him. The two youngest men are 54 and 59years old, they are widowed. Two men have wives, but the wives do not live in the home.

Table 26.

	single	widowed	married	married	total	average age
female	4	18	2	-	24	79,91 years
male	-	9	-	2	11	74,90 years
total	4	25	2	2	35	78,34 years

n=35

The oldest resident is a 102year old widow without any children; she has lived in the home for 7years. She has quite a high pension, 103 880HUF (377Euros). The youngest resident is a 54year old widower, he has two children, has lived in the home for two years, but he has not left the home since he moved in.

There is only one resident, a 69year old single woman, who lived in another home previously, she spent there one year, and she moved into this home when there was a vacancy. She does not have any children, she has a sibling, who lives 40km far from her, and she is visited once every quarter of a year. For her the most important aspects were love and caring when she chose an institution.

Table 27.

	number of residents		number of children		number of children alive		number of dead children	
residents have	female	male	female	male	female	male	female	male
1 child	3	2	3	2	5	2	-	-
2 children	13	8	26	16	20	14	4	2
3 children	1	-	3	-	6	3	-	-
4 children	2	1	8	4	4	-	1	1
5 children	1	-	5	-	5	-	-	-
no children	4	-	-	-	-	-	-	-
total number of children	24	11	45	22	40	19	5	3
child:adult rate			0,92					

n=35

5 residents have one child, 21 residents have two children, one woman has three children, two women and one man have four children and one woman has five children. Four women do not have any children. The total number of children in the case of the 24 female residents is 45; while in the case of the 11 male residents is 22. From the 67 children only 59 are alive, 8 died. The high number of children is not typical among the residents, there are 31 residents who have 67 children altogether, so the adult:children rate is 62:67, it is 0,92. The Hungarian population has been decreasing since the 1980s. The residents' children are in their 50s now, and the number of children has also decreased in their case.

The Distance from their Children

Six residents do not have any children alive any longer, who could visit them. Two residents lost both of their children. One is an 82year old widowed man, he has lived in the home for four years, and he himself chose this form of living. The other is a 77year old widow, she has lived in the home for two years, and she herself chose to move into the home because she needed care. From the 35 residents only 3 are visited daily, two residents' children live within 10km. 16 residents are visited once a week, 8 of them have children within 20km, another 4 have children within 50km. 2 residents are visited twice a week.

7 residents are visited once a month, although 6 of them have their children within 10km. 5 residents are visited twice a month, although 2 of them have their

children within 10km, and another two have their children more than 50km away. Six residents do not have any children, fortunately, they are also visited. From them four residents are visited once a week. The 82year old widower and the 77year old widow lost both of their children. They are visited by relatives.

Table 28.

	distance from children				
frequency of visits	0-10 km	11-50 km	more than 51km	do not have a child but somebody visits her/him	total
daily	2	1	-	-	3
once a week	8	4	-	4	16
twice a week	-	2	-	-	2
once a month	6	1	-	-	7
twice a month	2	1	2	-	5
once in a quarter of a year	-	-	-	2	2
twice in a quarter of a year	-	-	-	-	-
once in half a year	-	-	-	-	-
twice in half a year	-	-	-	-	-
even more rarely	-	-	-	-	-
never so far	-	-	-	-	-
total	18	9	2	6	35

n=35

The Amount of Old Age Pension

The average old age pension of the elderly people surveyed is 80 911HUF a month (294Euros). After paying the 80% compulsory fee, the residents are left 16 182HUF (58Euros) a month in average, which means that the elderly person is left 540HUF (1,96Euros) a day in average. Among the 24 female residents the average monthly pension is 74 056HUF (269Euros), the highest pension is 118 480HUF (430Euros), the smallest is 14 160HUF (51Euros). The smallest pension belongs to a 69year old married woman, who has lived in the home for 8 months. She is visited every week by her husband and two children, and she gets some pocket money from them. The highest pension belongs to an 83year old widow, who has lived in the home for two years. She does not need any financial support from their children, because after paying the compulsory fee, she is left 23 696HUF (86Euros) a month as pocket money. The statistical range for women is 104 320HUF (118 480-14 160), which is very high, so the difference between the smallest and highest pensions is very big.

The amount of men's monthly pension is higher, 95 688HUF (347Euros). The highest pension is 215 965HUF (785Euros), a 78year old man gets this pension, who has two children alive, and has lived in the home only for one month. He does

not ask his children for financial support, because his pocket money is 43 193HUF (157Euros) a month. A 65year old widower gets the smallest pension, which is 58 380HUF (212Euros). He has lived in the home for six years, his child lives within 10km and visits him twice a week. The difference is very big between the highest and smallest pensions among the male residents, the range is high, 157 585HUF (573Euros) (215 965-58 380=157 585).

Among 35 residents the modus value is 79 999HUF (290Euros), the median value is 76 825HUF (279Euros).The cause of this big statistical difference is that there is big difference between pensions, between the highest and smallest pensions. The average of the 35 residents' pensions is a bit higher than the Hungarian average pension is. The average pension in Hungary in January 2008 is 74 096HUF (270Euros).

Table 29.

number of years in retirement		0-10 years	11-20 years	21-30 years	31-40 years	total
female	number	-	5	15	4	24
	average pension	-	64 811HUF (235Euro)	74 768HUF (271Euros)	82 943HUF (301Euros)	
male	number	3	4	4	-	11
	average pension	64 121HUF (233Euros)	110 061HUF (400Euros)	104 990HUF (381Euros)	-	
total						35

n=35

The average pensions between male and female residents are very different, men get much higher pensions, and the amount does not depend on how long they have been retired. This can be observed in Hungarian pensions between men and women, according to statistical figures from 2008, the average of women's pensions is 69 352HUF a month, the average of men's pensions is 81 248HUF a month. The average of the women surveyed is a bit higher than the national average (74 056HUF), the average of the men surveyed is much higher than the national average (95 688HUF).

Table 30.

		average pension	obligatory fee/month	left to the person	left average
female	average	74 056HUF (269Euro)	80%	14 812HUF (54Euro)	13 513HUF (49Euro)
	maximum	118 480HUF (430Euro)		23 696HUF (86Euro)	
	minimum	14 160HUF (51Euro)		2 832HUF (10Euro)	

male	average	95 688HUF (348Euro)		19 137HUF (69Euro)	24 688HUF (89Euro)
	maximum	215 965HUF (785Euro)		43 193HUF (157Euro)	
	minimum	58 380HUF (212Euro)		11 676HUF (42Euro)	
average		80 911HUF (294Euro)		16 182HUF (59Euro)	

n=35

National Health Card

The social board of the local government supplements the price of prescribed medicines if applicants apply for it. The applicants should hand in the form with the doctor's certificate. Those, whose income is very low, do not have to pay for the medicines at the chemist's. From the home only 5 residents have such a card, 2 women and 3 men. In the home there are 2 other men and 7 other women, whose pensions are very small, and should be entitled to the National Health Card. 15 female and 6 male residents, cannot get the card because of their high pensions. Even the woman, whose pension is 14 160HUF a month, does not have a National Health Card, although she takes medicines every day prescribed by the doctor, she could not save any money, she is supported financially by her husband and children.

From the 35 residents only 7 could save some money for their old age, 5 women and 2 men. 28 residents could not save any extra money for their old age. 15 residents are financially supported by their children or other relatives not to have financial problems at their old age.

It would be a social worker's duty to make the applications for the residents and hand them in to the local government. However, this institution does not employ a social worker either in full time or in part time.

Taking Medicines

Six residents (17%) do not take medicines regularly, they are 2 men, 80 and 54years old, as well as 4 women, they are 69, 77, 84, 102years old. 9 men and 20 women (83%) take prescribed medicines every day. According to the survey four residents out of five take medicines regularly. The home can only partly pay for the medicines prescribed for the elderly people; the other medicines must be bought at full price at the chemist's by the residents. They do not get a discount from the price, so elderly and even younger residents have to consider carefully what medicines to buy.

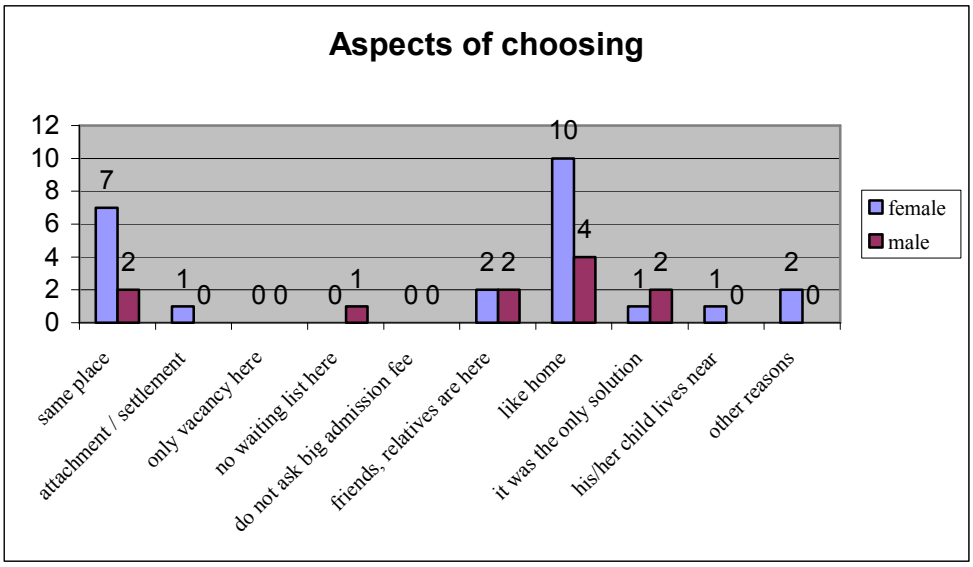
The Aspects of Choosing an Institution

The home can be found in the main street in the centre of the village. It has become a modern, colourful, nice and comfortable building, which can fulfil any demands. The passers-by admire the friendly building, but if they look inside, they will find that it is suitable for the lifestyle of elderly people. It is spacious, bright and has a beautiful garden. Extensions and redecorations are done every year. It is a building with storeys, but a lift helps elderly people with moving inside the building. 14 residents (40%) (10 women and 4 men) chose this home, because they liked the arrangement, the style and the environment of the building. It is easy to get to it, the centre of the village, the bus stop, the shop, the surgery, the chemist's are all near. It is an ideal place for an elderly person. 10 residents (31%) (8 women and 5 men) lived in the village before, or they got connected to the village in some way, for example, their child lives here, and they want to be near him/her. 4 residents (11%) have a friend or a relative in the village that is the reason for choosing this institution.

3 residents (8%) (one woman and two men) found this home the only solution. The woman is 76 years old, a widow, has five children. She chose the home for herself, she has lived here for six years, and she is visited once a week, she came here because she needs to be looked after. She leaves the home very rarely; she is able to go to the terrace and the garden.

From the three residents the second is a 78 year old widower, who has lived in the home only for two months. He has two children alive; they chose this home for him. He has a very high pension, 215 965HUF. He needs to be looked after, he is able to go only to the terrace and the garden, he can only move in a wheelchair. He is the man who uses and has all the six kinds of aids listed in the survey. The third is also a man whose only solution was to move in the home. The 54year old man is able to move only inside the building, he has not left the home since he moved in. He has lived here for 2years; he chose the institution for himself. His ability to move and his balance are not satisfactory. To sum up, most of the residents (40%) chose this home because of the nice building.

Figure 12.



n=35

Who Chose This Home?

The home has 34 residents at present. The residents were asked who had chosen this institution for them. For 12 residents (34%) their children chose the home, for one resident his/her supporter chose it. This resident is a 65year old widower, has one child, has lived in the home for 6 years, he has chronic locomotor disease, he uses a stick to walk and moves only inside the building. He does not have a good connection with his child, so he has a supporter, and it was him, who chose the home for him. His pension is very small; he has lived in this village before. 22 elderly people (63%) chose this place, this building, this environment to live for themselves.

Table 31.

	widowed		married		single		number of children alive
	f	m	f	m	f	m	
their children chose the home	2	-	-	-	-	-	1
	2	5	1	1	1	-	more
	-	-	-	-	-	-	0 none
his supporter chose the home for him	-	1	-	-	-	-	1
	-	-	-	-	-	-	more
	-	-	-	-	-	-	0 none
total	13 residents 37%						
they themselves chose the home	2	-	-	1	-	-	1
	11	3	1	-	-	-	more
	1	-	-	-	3	-	0 none
total	22 residents 63%						
total	18	9	2	2	4	-	
total	27		4		4		

n=35

How often are the Residents Visited?

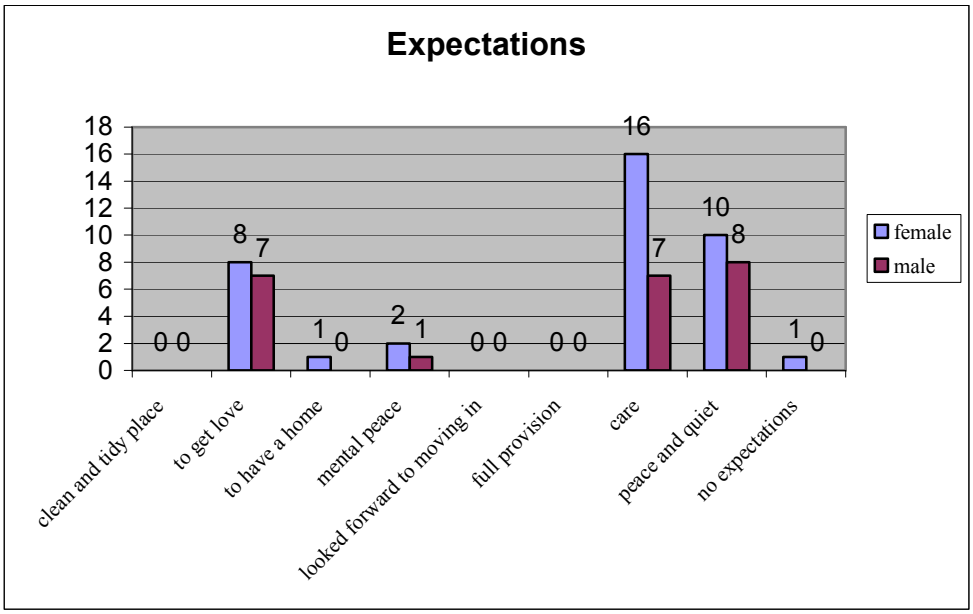
Four residents are visited every day; two of them have lived in the home for one year, the other two for one month. The research shows that the shorter the residents have lived in the home, the more they are visited. The longer the residents have lived in the home, the less frequent they are visited. For example, there is a man, who has lived in the home for four years, he had two children, but they died. The other is a 69 year old single woman, who has lived in the home for one year; she does not have any children to visit her. Her sister lives 40km away from her. 17 residents are visited once a week, 3 are visited twice a week, 5 are visited once a month, 4 are visited twice a month and 2 are visited once every quarter of a year.

The residents were asked about their state of mind after the visits. 28 residents (80%) answered that they felt calm after the visitors had gone. Only one 74year old woman answered that she was sometimes upset after the visits. She has lived here for 4 years, her children visit her once a week, and they live quite near. Their visits may make her tired. 18 residents (51%) answered that they were looking forward to the visitors.

Expectations in Connection with the Home

The residents were asked about their expectations about the home before moving in. Most of the residents, 23 (65%) (16 women and 7 men) chose this institution, because they wanted to be looked after and needed care. They do not feel safe in their homes alone; they are unable to fulfil their needs alone. 13 residents (8 women and 7 men) answered that they wanted to get affection that is why they chose this home. 18 residents (10 women and 8 men) chose this institution to live in peace and quiet. Only one resident did not have any expectations, she is an 81year old widow, she has two children, she has lived in the home for one year, and she uses three kinds of aids. A 78year old woman answered that she had moved into the institution to have a home, because she is single, she has lived here for six years, she does not have a child, she chose the home for herself. A 54year old man said that the mental peace was important for him, he has not left the home since he moved in, he has been here for two years, and he is able to move only inside the building with a stick.

Figure 13.



n=35

Activities

There is a community room in the centre of the building, where the residents can take part in several activities. The home does not employ an occupational therapist, the nurses lead the activities. The average age of residents is 80,91years, unfortunately elderly people cannot do physical activities at this age, and they prefer sitting and talking about their memories.

For 15 residents (43%) the main daily activity is watching TV. The institution is maintained by the reformed church, for some people the practice of religion was an important aspect when they moved in, for 14 people the most important duty is to take part in the service. Every day after breakfast they start the day with prayers. For 16 residents the main task of the day is to take part in the readings. The nurse or one of the residents reads the news from the paper, then they talk about it, tell their opinion about it, discuss the opinions. 21 residents do not want to take part in any activities, they cannot be involved. For example, the 102year old woman is unable to join in the common discussions. She lives a life that is the most comfortable for her. 5 residents still enjoy taking part in entertaining programmes, such as playing cards, chess or singing.

Table 32.

active participation			passive participation		
	female	male		female	male
service	10	4	watching TV	6	3
reading	10	5	doing anything	4	2
looking after the garden	2	-	needlework	1	-
needlework	4	-	reading	1	-
taking part in entertaining programmes	4	1	looking after the garden	1	-
watching TV	3	3	doing nothing	13	5
doing anything	2	2			
doing nothing	2	1			

n=35

Opinion about the Food

The institution has its own kitchen, it cooks meals for others, as well, for example, for members of the club, who come into the home only for day care. According to the opinion of the 35 residents, delicious meals are cooked; only the 102year old woman said that for her the meals were not delicious, but varied. 14 residents said that the cooks prepared meals which they liked very much. 13 residents answered that the baker's products and the bread were always fresh. 26 residents thought that the meals were varied. 5 residents have diabetes, they are served special meals, so they can keep the diet they need.

How much do they Move?

In the survey the residents were asked how much they moved. The 102year old woman is bed bound; she does not get out of bed during the day. Two men are able to move only inside the building, one of them has not even left the institution since he moved in, not even with some assistance. 24 residents are able to go to the terrace, the garden. 8 residents are able to leave the home alone, they go to the street, or visit their acquaintances. 3 residents have not left the home since they moved in, one of them is the 84 year old man, the other is the 91year old woman, moving is very difficult for them. The third person is a 54year old man, who has lived in the home for two years, his children live 300km and 1500km far from him, moving alone is not safe for him because of his psychiatric illness. 3 women leave the home every day, 2 other women leave the home every second day. 19 residents (11 women and 8 men) do not leave the building for weeks.

To sum up, we can state that women have a larger moving area than men do, because 95% of them are able to leave the home. From men only 82% are able to do

so. 72% of male residents hardly ever leave the institution, while 45% of female residents stay inside most of the time.

Table 33.

daily moving area			how often do they leave the home		
	female	male	female	male	
does not leave the bed	1	0	1	2	never since they moved in
does not leave the room	-	-	3	-	every day
moves only inside the building	-	2	2	-	every second day
goes to the terrace, the garden	16	8	2	1	three times a week
is able to leave the institution, goes out	7	1	5	-	once a week
			11	8	very rarely
total	24	11	24	11	total
total	35		35		total

n=35

Free Time Activities

The residents were asked how they spent their free time. Most residents just sit in front of the TV during the day; they are 20 women and 11 men. They marked it as their main activity in the survey. Listening to the radio is the second most popular activity according to 17 residents' answers (10 women and 7 men). Only 15 residents take part in various activities, they are 11 women and 4 men. 6 women and 2 men like looking after the flowers in the garden. 9 residents chose reading as their main activity during the day. The 102 year old woman, who is unable to get out of bed, does not do anything, but this is acceptable because of her age. It is a great problem that the home does not employ a qualified occupational therapist, who would be able to make the residents more active in a systematic way.

Life Functions

The residents were asked about their life functions. Six different life functions were surveyed, and determined as good, satisfactory or bad by the residents. 12 residents have good eyesight, 12 have satisfactory, and 11 have bad. 22 residents use glasses, from the 11 residents who have bad eyesight, 9 wear glasses, the tenth is the 102year old woman, and the 11th is a 77year old woman. 7 residents have bad hearing and 7 residents have a hearing aid, except for the 102year old woman, who

has bad hearing, but does not have a hearing aid. 21 residents have good hearing. Good eyesight and good hearing are very important for elderly people to avoid accidents. 15 residents have satisfactory movement, 10 have well, and 10 have bad. 19 residents use walking aids, and 4 residents use wheelchairs. The building is well-designed, because there are not any doorsteps in the living area. 21 residents' chewing is satisfactory, 10 residents have false teeth. 5 people's chewing is unsatisfactory; all of them have false teeth. 18 residents have satisfactory balance, 13 have well, 4 have bad balance. The 102 year old woman's balance is bad, but she uses a wheelchair. Orientation is the best among life functions. 22 residents have good, 11 have satisfactory, and only one female and one male resident have bad orientation. One of them is the 102year old woman again.

2 residents have 6 bad life functions, one of them is the 102year old woman, and the other is an 85year old man. There are 4 residents, who have 6 good life functions; they are an 80year old man, and three women, who are 79, 80 and 84years old. The 84year old woman does not even take any prescribed medicines; the other three people take medicines every day which are prescribed by the doctor.

Table 34.

	good		satisfactory		bad		total
	female	male	female	male	female	male	
vision	7	5	8	4	9	2	35
hearing	14	7	6	1	4	3	35
moving	7	3	11	4	6	4	35
chewing	5	4	15	6	4	1	35
balance	9	4	12	6	3	1	35
orientation	15	7	8	3	1	1	35

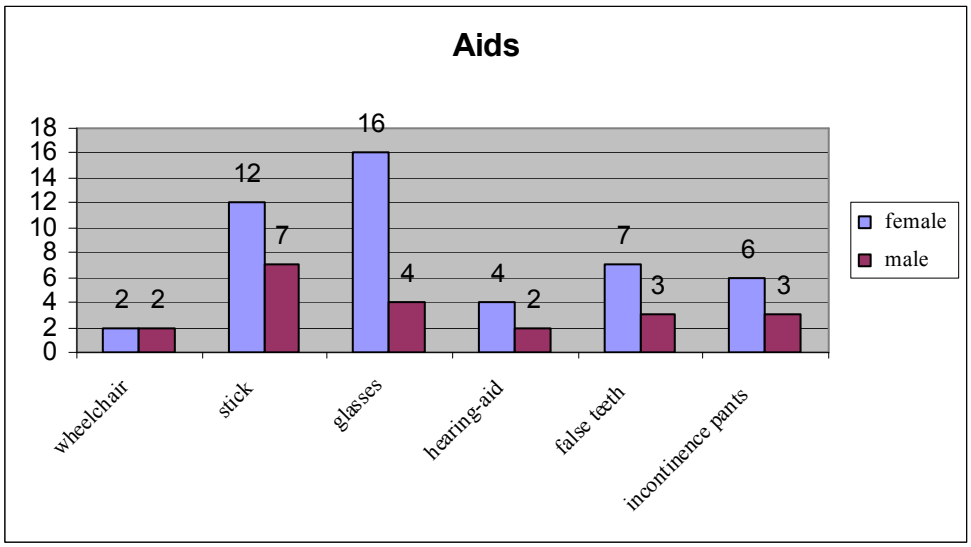
n=35

Aids

The residents were asked what kind of aids they used to make their life easier. They could choose from six different aids. A 78year old man uses all the six kinds of aids. He has lived in the home for one month, he has two children, his vision, and hearing and moving are bad. 2 women and 2 men possess wheelchairs, 12 women and 7 men have walking sticks, 20 residents have glasses, 12 of them wear glasses because of old age eye problems, 8 has worn glasses since they were younger. 4 women and 2 men have hearing aids. The nurses believe they should wear them. 7 women and 3 men have false teeth to help them chew. 6 women and 3 men suffer from incontinence, so they always have to wear incontinence pants. The 102year old woman also wears incontinence pants all the time, because she is bed bound. A

female resident does not need any of the aids, she is the 69year old widow, she has lived in the home for one year, she does not have a child, and she goes out every day, so she is in a good general state.

Figure 14.



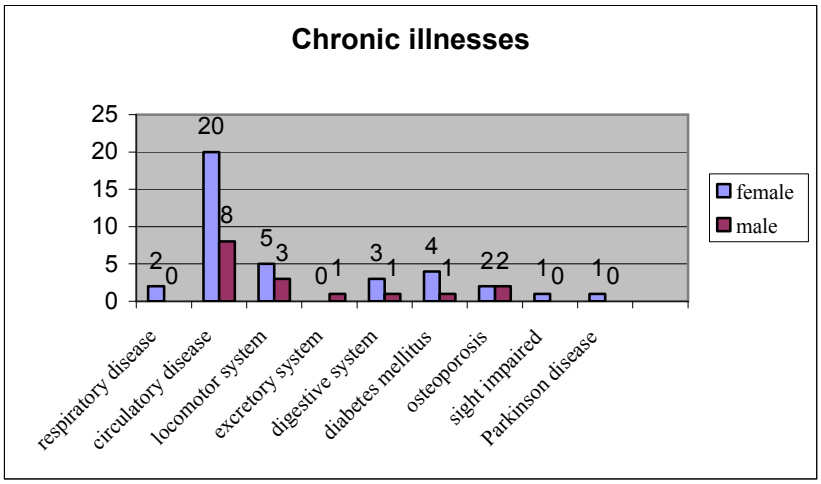
n=35

Chronic Illnesses

There is a significant difference between the genders in the frequency of chronic illnesses. Men suffer from much fewer chronic illnesses. 11 men have 16 chronic illnesses, 24 women have 38 chronic illnesses. Everybody has a chronic illness. 20 residents have only one kind of chronic illness, 11 residents have two kinds of chronic illnesses, 4 female residents have three kinds of chronic illnesses.

The most common chronic illness is the circulatory system diseases among the residents, 20 women and 8 men suffer from circulatory system diseases. This is in accordance with the statistics on Hungarian diseases, where the main diseases are the cardiovascular diseases. Five residents have NIDM, non-insulin dependent diabetes mellitus, namely diabetes of the old age.

Figure 15.



n=35

Mini Nutrition Assessment

Screening

The first part of the test deals with the screening of nutrition. The nutritional condition of the 35 residents has been assessed by a test which was developed by the Nestlé Nutrition Institute. The mathematical average of body weight of 35 residents is 69,05kg. The body weight range is 59 (100-41). The median value is 68. The modus value is 70,5. There is no statistical difference between the averages of body weight, modus and median, however, the range is very high, the smallest body weight is 41kg, the biggest is 100kg. The mathematical average of body height is 164,45cm. The range is 40 (180-140). The median value is 165. The modus value is 165,5. There is no statistical difference between the mathematical average, the modus and the median.

The BMI range is 21 (39-18), the difference is essential between the highest and the smallest BMI values. The mathematical average of BMI is 24kg/m^2 for men, and 25kg/m^2 for women.

The average body weight of men is 70,45kg, the heaviest man weighs 86kg, and the lightest man weighs 51kg. The average body weight of women is 69,66kg, the heaviest woman is 100kg, and the lightest is 41kg. The average body height is 162cm for women and 168cm for men. The average body height is 164,45cm. The women are shorter, their body weight is smaller, and their BMI value is higher than men's. The average BMI value is 24 for men and 25 for women. Women's average age is 5years longer than men's in the examined population. The difference between the two genders is 8 years in the Hungarian population, women's average age is 76

years, and men's is 68years. The range of BMI value is 18 (35-17). The highest value is 35, the lowest is 17.

The first question in the survey was: Have you eaten less food during the last three months because of loss of appetite, digestive problems, chewing problems or other problems? Nobody has bad appetite, 4 female and 2 male residents have medium appetite, and 20 female and 9 male residents (29=83%) have good appetite. Nobody had a loss of weight in the last three months, 6 residents have lost weight between 1-3kg, and 18 female and 8 male residents (26=74%) had the same body weight. So most of the residents do not have a bad appetite and they have not lost any weight, either.

According to the MNA survey, which assessed their mobilization, 26 residents are able to move free, 6 residents are able to move inside the flat, but they do not go out. Only 3 residents are bed bound or chair bound, they are 2 female and 1 male residents.

According to the answers given to question four, 5 residents had a psychic stress or an acute disease in the last three months, 30 did not. According to the answers given to question five, 4 residents have neuropsychiatric problems, severe depression or dementia, 12 residents have mild dementia, and 19 residents (54%) do not have such diseases. According to the research about half of the residents have good neurological state, while the other half has neurological diseases.

Assessment

In the second part of the MNA test there are 12 questions concerning the residents' state. According to the answers given to the first question, nobody is independent, because all the 35 people live in the residential home. They can look after themselves in the home, but most of them use aids and need assistance. Four of them use wheelchairs to move and 19 use walking aids to move safely and have a good balance.

From the answers given to the second question we know that 29 residents take at least three kinds of medicines every day. 6 residents (4 women and 2 men) do not take three kinds of medicines. 4 women have a bedsore, one of them is bed bound, 31 residents do not have a bedsore. All the 24 female and 11 male residents are provided three meals a day. The home has its own kitchen, where the meals are made. If somebody needs more food, they can always ask for more.

According to the answers given to question five, 2 residents do not have enough protein intakes, 7 residents take a smaller quantity, and 26 residents have enough protein intakes in their food. 22 residents eat enough fruit and vegetables, 13 residents (7 women and 6 men) do not eat enough fruit and vegetables. 18 residents (13 women and 5 men) drink enough fluids, they drink more than five cups of liquid, and this must be about one litre of liquid, which just covers the daily need of fluids. 12 residents take 3-5 cups of liquid a day, this amount is not satisfactory, but 4 women and 1 man hardly ever drink liquid.

There are no residents who are unable to eat without assistance. 5 residents eat alone, they only need some assistance. 20 women and 10 men (30=86%) are able to eat alone, without any problems. The residents think that they are not underfed. 26 residents (19 women and 7 men) think that they do not have any problems with nutrition.

According to the answers given to question ten, from 35 residents 19 women and 8 men (27=77%) believe that their state of health is good, or better than others in their age group. Only one woman and one man answered that their state of health was worse than others in their age group.

According to the answers given to question eleven, 22 residents have bigger mid-arm circumference than 22cm, and only one woman's is less than 21cm. 6 women and 4 men have less calf circumference than 31cm. 25 residents (18 women and 7 men) have bigger calf circumference than 31cm.

Table 35.

sex		**weight kg**		**height cm**		**age**	
female		69,66kg		162cm		79 years old	
male		70,45kg		168cm		74 years old	
I. Screening (subtotal max. 14 points)							
1. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?							
0 = severe loss of appetite		1 = moderate loss of appetite		2 = no loss of appetite			
f	m	f	m	f	m		
-	-	4	2	20	9		
2. Weight loss during the last 3 months							
0 = weight loss bigger than 3kg		1 = does not know		2 = weight loss 1-3kg		3 = no weight loss	
f	m	f	m	f	m	f	m
-	-	2	1	4	2	18	8
3. Mobility							
0 = bed or chair bound		1 = able to get out of bed		2 = goes out			
f	m	f	m	f	m		
2	1	4	2	18	8		
4. Has suffered psychological stress or acute disease							

0 = yes		2 = no					
f	m	f	m				
2	3	22	8				

5. Neuropsychological problems							
0 = severe dementia or depression		1=mild dementia		2=no psychological problems			
f	m	f	m	f	m		
1	3	8	4	15	4		

6. BMI							
BMI less than 19		BMI 19-20		BMI 21-22		BMI more than 23	
f	m	f	m	f	m	f	m
-	1	5	-	5	2	14	8

II. Assessment (subtotal max. 16 points)							
1. Lives independently (not in a nursing home or hospital)							
1 = yes		0 = no					
f	m	f	m				
-	-	24	11				

2. Takes more than 3 prescribed drugs per day							
0 = yes		1 = no					
f	m	f	m				
20	9	4	2				

3. Pressure sores or skin ulcers							
0 = yes		1 = no					
f	m	f	m				
4	-	20	11				

4. How many full meals does the patient eat daily?							
0 =1 meal		1 = 2 meal		2 = 3 meal			
f	m	f	m	f	m		
-	-	-	-	24	11		

5. Selected consumption markers for protein intake							
0 = at least one serving of dairy products (milk, cheese, yoghurt) per day		0,5 = two or more servings of legumes or eggs per week		1 = meat, fish or poultry every day			
yes	no	yes	no	yes	no		
f	m	f	m	f	m		
1	1	5	2	18	8		

6. Consumes two or more servings of fruit or vegetables per day?							
1=yes		0 = no					
f	m	f	m				
17	5	7	6				

7. How much fluid (water, juice, coffee, tea, milk, ..) is consumed per day?							
0,0 = less than 3 cups		0,5 = 3 to 5 cups		1,0 = more than 5 cups			
f	m	f	m	f	m		
4	1	7	5	13	5		

8. Mode of feeding							
0 = unable to eat without assistance		1 = self-fed with some difficulty		2 = self-fed without any problems			
f	m	f	m	f	m		
-	-	4	1	20	10		

9. Self view of nutritional status							
0 = views self as being malnourished		1 = is uncertain of nutritional state		2 = views self as having no nutritional problem			
f	m	f	m	f	m		
0	0	5	4	19	7		

10. In comparison with other people of the same age, how does the patient consider his/her health status?							
0,0 = not as good		0,5 = does not know		1,0 = similar		2,0 = better	
f	m	f	m	f	m	f	m

1	1	4	2	14	7	5	1
11. Mid-arm circumference (MAC) in cm							
0,0 = less than 21		0,5 = 21-22		1,0 = 22 or bigger			
f	m	f	m	f	m		
1	-	7	5	16	6		
12. Calf Circumference (CC) in cm							
0=CC less than 31		1=CC 31 or bigger					
f	m	f	m				
6	4	18	7				

n = 35

According to the first part of the screening 22 residents (16 women and 6 men) have their scores between 12 and 14points, which is an acceptable result, there are no risks. 13 residents have 11 points or less, their state is not satisfactory, they are malnourished. They are 8 female and 5 male residents.

According to the MNA test, 2 female and 1 male residents have their scores under 17, they are malnourished. 13 residents (8 women and 5 men) have scores between 17,5 and 23,5, in their case the risk of malnutrition is big. 19 residents (14 women and 5 men) have scores more than 24, their nutrition is satisfactory.

4.1.4. Home for Elderly People in Napkor

The residential home for elderly people in Napkor opened in 1991, 18 years ago, an office block belonging to the cooperative was transformed. It is the last building at the edge of the village; it has a common, unseparated yard with some other companies. The building is in an old-style, it was not built for this purpose. At the moment the home has 24 residents, nobody is on the waiting list, there are 4 vacancies. If somebody wanted to get admission, and the person suited the criteria, he or she would be admitted at once. Since 1991 the home has been enlarged, and the institution has moved from the previous place to the present place. It needs further modernization.

From the 24 residents 16 are female (66%) and 8 are male (34%). The average age of the residents is 80,25years. For women the average age is 82,25years, for men the average age is 76,25years. In this home female residents' average age is higher than male residents'. The deviation value is 38 (96-58), the oldest resident is 96years old, while the youngest is 58 years old. The median value is 83,5. The modus value is 80,5.

A couple has lived in the institution for a year, the man is 78, and the woman is 68 years old. They have two children, who live 200km away from their parents. The couple lived in this village previously that is why they chose this institution; they wanted to stay in the village. Two male and two female residents are single (4=17%), they do not have children to visit them. 18 residents are widowed (75%), quite a high number, 13 are widows (81%), 5 are widowers (62%). 4 female residents lived in another home for elderly people previously, they spent 7 years, 2 years, 1,5 years, 6 months there. A woman has lived in this home since it opened, for 18years, now she is the oldest resident, she is 96years old. There are three other women who have lived in the home for more than 10 years. The youngest resident is a man, aged 58, single, does not have any children, he has lived here for 3years. Unfortunately, he is the only one in the home who is not visited at all. The institutional placement was chosen for him by his mother. He moved into the home with his mother at that time, but she has died since then. He needs institutional care because of his disability. There are two women, who moved in only a month ago, they are the newcomers, one is 81, and the other is 61 years old. The 81year old woman is single, does not have a child, the 61 year old woman has three children, but they all live 300km away.

Table 36.

	single	widowed	married	married	total	average age
female	2	13	1	-	16	82,25 years
male	2	5	-	1	8	76,25 years
total	4	18	1	1	24	80,25 years

n=24

Number of Children

Three residents have only one child, 3 residents have two children, eight residents have three children, from them 6 are women, 2 are men. Two women have four children. One of them has already lost two children, the other has lost three. Five female residents and three male residents did not have any children. Two women have lost their children, one of them had one, and the other had two children. Altogether 10 elderly people do not have any children (42%). The total number of children for the 16 female residents is 31, for the 8 male residents is 10. From the 41 children only 31 are alive today, 10 died. The 16 residents with children have 41 children altogether, so the child adult rate is 41:32, namely it is 0,96. This rate shows that the number of children is not enough for replacing the parent-generation, the Hungarian population is decreasing.

Table 37.

	number of residents		number of children		number of children alive		number of dead children	
residents have	female	male	female	male	female	male	female	male
1 child	1	2	1	2	-	2	1	-
2 children	2	1	4	2	2	2	2	-
3 children	6	2	18	6	16	6	2	-
4 children	2	-	8	-	3	-	5	-
no children	5	3	-	-	-	-	-	-
total number of children	16	8	31	10	21	10	10	-
child:adult rate			0,96					

n=24

Distance between Children and Elderly People

Ten residents do not have any children alive to visit them. The 85year old widow lost her only child, the 88year old widow lost both children. 12 residents have children who live within 10km distance from their parents, but none of them is visited daily in the home. From the 12 residents 3 are visited once a week, 6 are visited twice a week, 1 is visited once a month, 2 are visited twice a month. One resident's child lives within 50kilometres; she is visited once a month. There is a 61year old woman, her three children live within 300km, but she is visited by her acquaintances in the home twice a week. 10 residents do not have any children, but 9

of them are visited. The single, 58year old man without children, moved into the institution with his mother, but she died, and he has not been visited since he moved in. Fortunately, most residents are visited twice a week. 12 residents (50%) have children who live within 10km.

Table 38.

	distance from children				
frequency of visits	0-10 km	11-50 km	more than 51 km	do not have a child, but somebody visits him/her	total
daily	-	-	-	-	
once a week	2	-	-	1	3
twice a week	7	-	1	2	10
once a month	1	1	-	3	5
twice a month	2	-	-	1	3
once in a quarter of a year	-	-	-	2	2
twice in a quarter of a year	-	-	-	-	-
once every half a year	-	-	-	-	-
twice every half a year	-	-	-	-	-
even more rarely	-	-	-	-	-
never so far	-	-	-	1	1
total	12	1	1	10	24

n=24

The Amount of Old Age Pension

24 residents were asked about their pension, the average amount is 71 035HUF a month, which is about 258 Euros. After the compulsory payment, which is 60 050HUF or 80% of the pension, the residents have 14 207HUF (51Euros a month) in average. This means that the elderly person has 473HUF (1,72 Euros) a day in average. Among the 16 female residents the average amount of pension is 69 216HUF (251Euros) a month, the highest amount is 79 660HUF (290Euros), the smallest is 52 013HUF(189Euros). A 96 year old widow gets the least pension, who has been a pensioner for 41 years, and has lived in the home for 18 years. From her four children only one is alive, who lives quite near in the village, but he/she visits her only once a month. An 81 year old single woman gets the highest pension, who has lived in the institution only for a month, she does not have any children, but she is visited twice a week. Her pension is 79 960HUF(290Euros). The statistical deviation value of women's pension is 27 647 (79 660-52 013), which is not a lot, so the difference is not very big between the highest and smallest pensions. The median is 74 590HUF(271Euros). The modus is 75 000HUF (272Euros).

The amount of monthly pension for men is a bit higher, the average is 74 669HUF (271Euros). The highest pension, 89 095HUF (324Euros) is given to a 77 year old man, who has been a pensioner for 17 years, has lived in the home for five years, and has three children alive. After the compulsory payment he is left 28 585HUF(104Euros) a month as pocket money. Among the men the least amount of pension is 54 129HUF(197Euros), a single 58 year old man gets it, he has lived in the home for three years, he does not have any children. Among the male residents the difference in the amount of pension is not big, the deviation value is 34 966HUF(127Euros), this is the difference between the highest and smallest amounts, 89 095-54 129=34 966.

The modus value for 24 residents is 75 000HUF(273Euros), the median value is 75 889HUF(276Euros). There is not a difference between the average pensions of male and female residents; this amount is quite near to the average pension of the Hungarian population. The average pension in Hungary in January 2008 is 74 096HUF(270Euros).

Table 39.

number of years in retirement		0-10 years	11-20 years	21-30 years	31-40 years	total
female	number	1	1	10	4	16
	average pension	52035HUF (189Euros)	67778HUF (246Euros)	72583HUF (263Euros)	65452HUF (238Euros)	69216HUF (251Euros)
male	number	1	5	2	-	8
	average pension	54129HUF (197Euros)	73491HUF (267Euros)	87885HUF (319Euros)	-	74669HUF (271Euros)
total						24

n=24

The amount of pension does not show a big difference between the two genders. This can be observed between female and male pensions in Hungary, according to the statistics of 2008, the female average pension is 69 352HUF a month, and the male average pension is 81 248HUF a month. The female residents asked in the survey have about the same average pension (69 261HUF), the male residents have a smaller average pension than the national average (74 669HUF).

Table 40.

		average pension	obligatory fee/month	left to the person	left average
female	average	69 216HUF (251Euro)	60 510HUF (220Euro) or 80%	8 706HUF (32Euro)	12 852HUF (47Euro)
	maximum	79 660HUF (289Euro)		19 450HUF (71Euro)	
	minimum	52 013HUF (189Euro)		10 402HUF (38Euro)	
male	average	74 669HUF (271Euro)		14 159HUF (51Euro)	17 856HUF (65Euro)
	maximum	89 095HUF (323Euro)		28 585HUF (104Euro)	
	minimum	54 129HUF (196Euro)		10 825HUF (39Euro)	
average		71 035HUF (258Euro)			

n=24

National Health Card

The national health card is really important for elderly people, and for those whose income is small. The limit of the income is 56 000HUF/month/person in case of married couples, and 67 000HUF/month/person in case of individuals. If your pension is less than this income limit, you can apply for the national health card. In this home 4 residents have a national health card, two male and two female residents. Depending on the pension, six female and two male residents are entitled to have the national health card. The head of the institution can help them with filling in the application. With this card elderly people can buy their medicines cheaper or completely free of charge.

From the 24 residents of the home nobody gets financial support from their children or from other people if they want to spend more than what is left from their pension after paying the compulsory fee. 11 residents answered that they had saved some money for their old age.

Taking Medicines

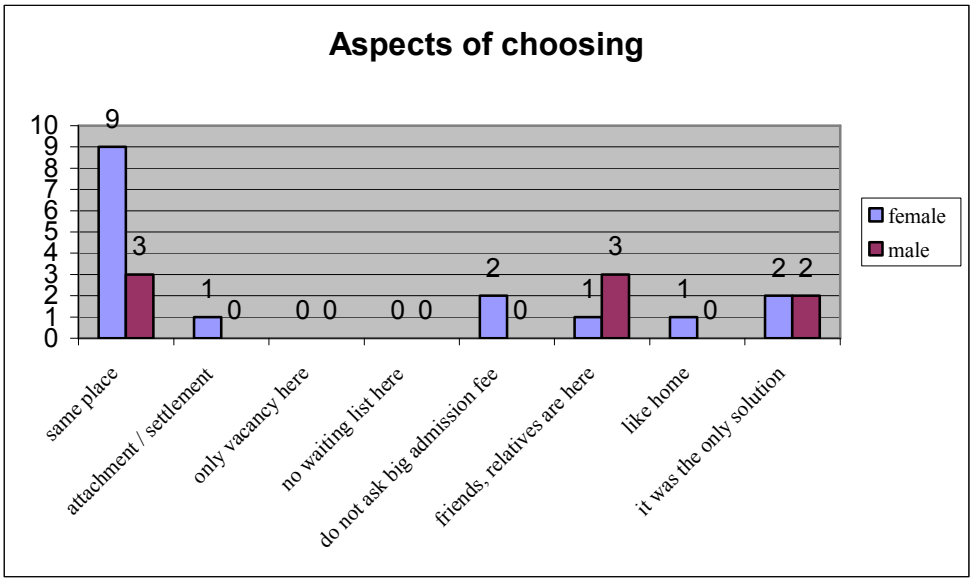
In this institution all the 24 residents take medicines every day for doctor's prescription. The institution provides some of the medicines for eight residents; however, 16 residents themselves have to buy their own medicines at the chemist's.

The Aspects of Choosing an Institution

Napkor is 15km far from a big city. The residential home is in a very old building at the edge of the village, the building used to be an office belonging to the cooperative. It was transformed, but you can see that originally it had not been built for a residential home. The local government did its best to create a suitable home for elderly people.

13 residents (10 women and 3 men) had lived in the village before; this is the reason why they chose this institution. They are 54% of the residents, so more than half of them stick to the settlement. 11 residents chose the home by themselves. In one case the home was chosen by the resident's child, in another case the home was chosen by the parent. Two elderly women chose this home, because they did not have to pay a big amount of money as admission fee. One female and three male residents have a friend or a family member here that is why they chose this home. For two women and two men moving into this institution was the only solution to continue their lives. One elderly woman said that she liked the home when she moved in 18 years ago. She is the resident who has been living here for the longest time; she is 96 years old now.

Figure 16.



n=24

Who Chose this Home?

From the 24 residents 18 chose the home by themselves (75%). The home was chosen for five residents by their children, and for one man by her mother, they moved in together, but she is dead now. Three single residents, who do not have any

children, chose the home by themselves, for the 58year old man it was chosen by her mother. The married couple also chose the home by themselves. Five widows were chosen the home by their children. 13 residents chose the home by themselves. It is easier to adapt to the new circumstances if the elderly person himself/herself wanted to move into the home.

Table 41.

	widowed		married couple		single		number of children alive
	female	male	female	male	female	male	
their children chose the home	-	-	-	-	-	-	1
	3	2	-	-	-	-	more
	-	-	-	-	-	-	0 none
the parent chose the home	-	-	-	-	-	-	1
	-	-	-	-	-	-	more
	-	-	-	-	-	1	0 none
total	6 residents 25%						
they themselves chose the home	1	1	-	-	-	-	1
	6	1	1	1	-	-	more
	3	1	-	-	2	1	0 none
total	18 residents 75%						
total	13	5	1	1	2	2	
total	18		2		4		

n=24

How often are the Residents Visited?

The only resident, who has never been visited, is a 58year old single male resident. He has lived here for 3years. Meanwhile he lost his mother, who he lived with. Unfortunately, nobody is visited every day. Although it is true that 10 residents do not have any children, and 12 residents have children, who live within 10 kilometres. Even from this short distance 3 residents are visited once a week, 6 are visited twice a week, 1 is visited once a month, and 2 are visited twice a month. All in all, it is only one resident, who is not visited at all; the other 23 residents are in contact with their families.

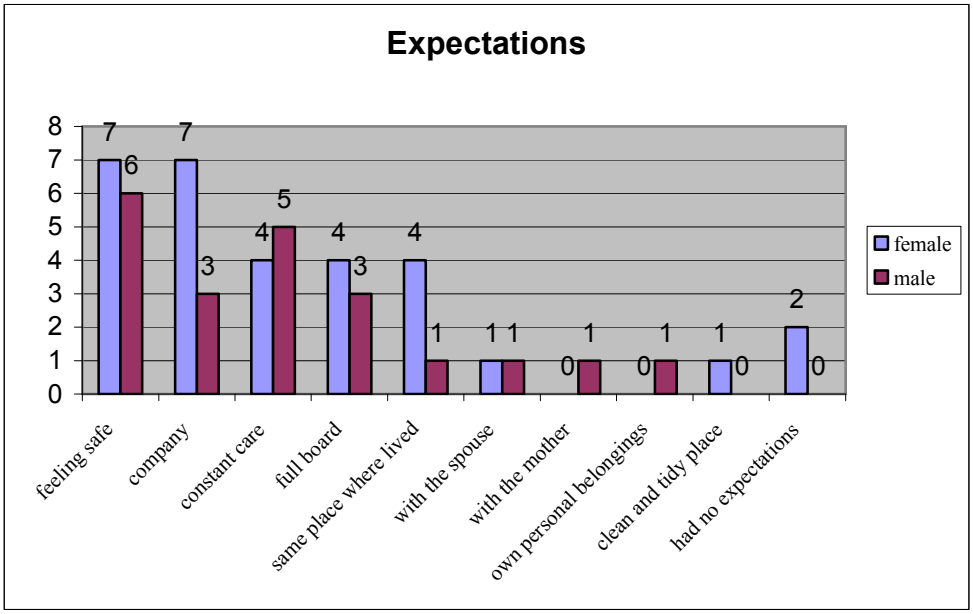
How do the residents feel after the visit? 11 residents (45%) get calm if they are visited. Four female and one male resident answered that they were a bit upset after the visits. Three residents do not feel differently, they are two widows without children, 88 and 85years old, and the third one is a childless widower. The widows do not expect any visitors, though one of them is visited once every three months, the

other is visited once a month. 12 visitors are looking forward to the visits. Keeping in touch with the outer world is very important for elderly people.

Expectations in Connection with the Home

The residents were asked about their expectations about the home before moving in. For 13 residents (54%) (7 women and 6 men) the most important expectation was to feel safe in the home. For 10 residents (41%) the second most important expectation was not to be alone, to have company. For 9 residents constant care is provided only in the institution. For 7 residents the most important factor was the need for provision. For 5 residents the most important factor was that they had lived at the same place before. Two women did not have any expectations, one is an 88year old widow, who has lived in the home for 12years, and lost her child/children, the other is an 88 year old woman, who moved in 4 months ago.

Figure 17.



n=24

Activities

This home does not employ a special therapist to organize activities with suitable professional skills. There are only nurses, who involve the elderly people in various activities in the mornings and in the afternoons. The most popular is gymnastics, doing exercises, which is really important for elderly people both physically and mentally. From the 24 residents 22 marked this answer. Only a 71year old man and a 77year old woman did not choose this answer among their daily activities. 13-15 residents take part in common activities. There are only two

residents, who do not take part in any activities or programmes, a woman and a man, although neither of them is bed bound. All in all, 10 residents take part in three kinds of activities, 5 residents take part in four kinds of programmes, 4 residents are involved in two types of programmes, 3 residents take part in one activity. It is a great achievement that the nurses can involve 22 residents in the activities out of 24. The residents choose watching TV as a passive activity (16), they like watching the local village competitions in the square next to the home (7). 10 residents go to readings. 10 residents go to at least two types of activities as passive participants.

Table 42.

active participation			passive participation		
	female	male		female	male
mass	2	-	watching TV	13	3
activity	9	6	listening to the radio	3	1
looking after the garden	2	3	listening to music	2	1
gymnastics	15	7	quiz games	4	3
common programmes	11	6	creative activity	3	2
doing nothing	1	1	doing nothing	-	2

n=24

Opinion about the Food

The institution does not have a kitchen for cooking, so meals are cooked in a kitchen in the village for the residents of the home and for others as well. 7 residents answered that the meals were delicious, 15 residents found the food varied, 9 residents answered that they often got food they liked. 2 residents answered that they did not like the food. One of them is an 83year old woman, who has lived in the institution for 11 years; the other is an 88year old woman, who has lived in there only for 4 months. Both of them are visited by relatives twice a week and they bring food for them.

How much do they Move?

The residents were asked how much they move. In fact the residents do not have a big area to move. Only 9 residents (5 women and 4 men) are able to leave the building, from them 3 women and 2 men leave the building once a week, the other two male residents do this every day. 13 residents (10 women and 3 men) are able to go the the yard, they usually sit on the bench or walk. From them one is a widow, who is 61years old and has lived in the home for one month, she has not left the institution since she moved in. 12 residents (9 women and 3 men) go out very rarely, not even once a week. There are not any bed bound residents, and everybody is able

to leave his/her room. There are only two residents, who move only inside the building.

Table 43.

daily moving area			how often do they leave the home		
	female	male	female	male	
does not leave the bed	-	-	1	-	never since she moved in
does not leave the room	-	-	-	2	every day
moves only inside the building	1	1	1	-	every second day
goes to the yard, terrace	10	3	-	-	three times a week
leaves the home, goes out	5	4	3	2	once a week
			11	4	very rarely
total	16	8	16	8	total
total	24		24		total

n=24

Free Time Activities

In the survey the residents were asked how they spent their free time. Most residents just watch TV during the day, 15 female and 7 male residents. This is their main activity during the day. The second most popular free time activity is listening to the radio, 14 residents (6 women, 8 men). 14 residents take part in different activities 9 women and 5 men. 6 residents look after the flowers, clean the yard. Only 7 women read during the day. 9 residents (37%) do three different types of free time activities, 4 residents do five different types of free time activities, 6 residents do two types of activities and 5 residents take part only in one type of programme.

All in all, the average age is 80,25, at this age these village people cannot move and do not really want to move. The home does not employ a specialist with suitable qualifications to deal with these elderly people.

Life Functions

The residents were asked about their life functions. We focused on six life functions, and according to the answers, they can be good, satisfactory or bad. Only 6 residents have good eyesight, 12 have satisfactory and 6 have bad eyesight. 9 residents wear glasses, but 3 residents have glasses from those, who have bad eyesight. 8 residents have good hearing, 10 have satisfactory and 6 have bad hearing. Nobody has a hearing aid. 6 residents are good at moving, 8 are satisfactory, 10 residents are bad at moving, from them 3 have wheelchairs, 7 residents have sticks to

help them with moving. Nobody is good at chewing, although 11 residents have false teeth. 17 residents have satisfactory chewing, from them 9 have a denture. 7 residents are bad at chewing, but only 2 of them have false teeth. Only 4 residents have good balance, 14 have satisfactory balance, 6 have bad balance, and from them 3 have walking sticks. 10 residents have good orientation, 6 have satisfactory and 8 have bad orientation.

To sum up, none of the residents have six good life functions, but nobody has six bad life functions. There is only one resident, who has five bad life functions; she is an 83year old widow, who has lived in the home for 11years. There are three residents who have no bad life functions at all. There are 8 residents who have one life function which is not good, 3 residents who have four good life functions, 11 residents who have three good life functions, 7 residents who have two good life functions and 5 residents who have one good life function. A married man is in a very good state, he has four good life functions, only his moving and chewing are not satisfactory.

Table 44.

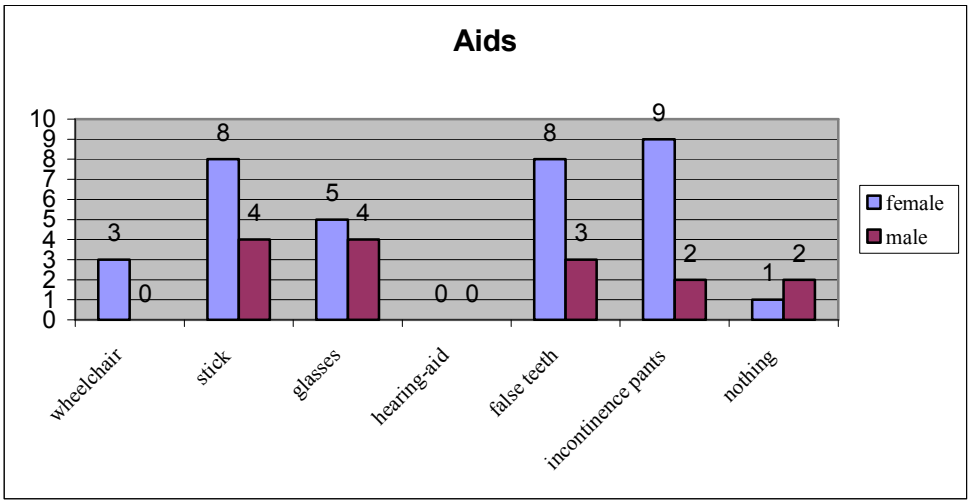
	good		satisfactory		bad		total
	female	male	female	male	female	male	
eyesight	3	3	10	2	3	3	16/8
hearing	4	4	7	3	5	1	16/8
moving	3	3	5	3	8	2	16/8
chewing	-	-	10	7	6	1	16/8
balance	2	2	10	4	4	2	16/8
orientation	6	4	2	4	8	-	16/8

n=24

Aids

The residents were asked what kind of aids they used to make their everyday life easier. They could choose from six different aids. 50% of the residents (12 people) use walking aid, the stick. This is the highest number. The number of those who suffer from incontinence is 11 (46%). These residents need constant care and control. The main duty of the nurses is nursing, fulfilling basic needs. 7 residents need one aid, 7 need two aids, 4 residents need four aids, 3 need three aids in their everyday lives. There are 3 residents (1female and 2 male residents) who do not need any aids, they can live free. They are a 58year old single man, a 71year old single man, and a 79year old widow.

Figure 18.



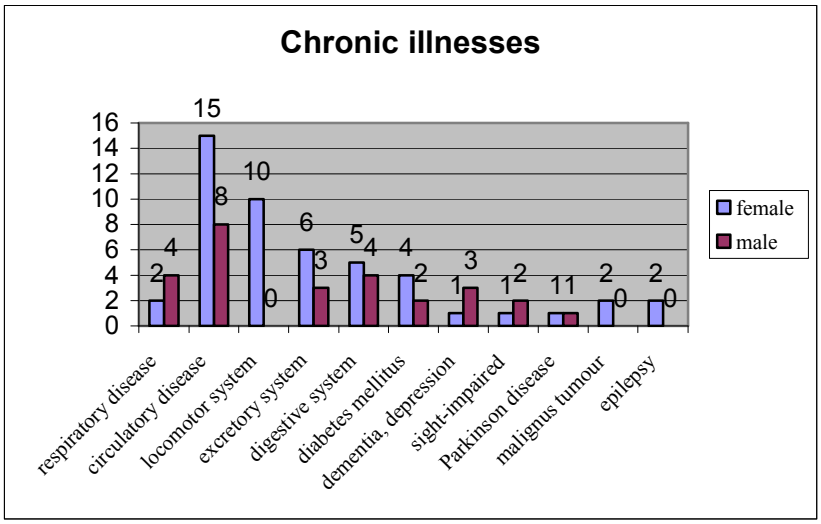
n=24

Chronic Illnesses

The number of male and female residents, who suffer from circulatory disease, is almost the same, 100%:94%. The rate is the same in the case of those who suffer from excretory system diseases, 37%:37%. The rate for diabetes is the same for male and female residents, 25%:25%. The number of male residents who suffer from respiratory diseases is very high, 50%, while the rate of female residents with respiratory diseases is only 12%. There are not any male residents who suffer from diseases of the locomotor system, while this rate is 62% for female residents. One quarter of male residents have problems with their eyesight. Psychiatric diseases, dementia, depression, mental retardation is more common among male residents.

A woman has six kinds of chronic illnesses; a man and a woman have five kinds of chronic illnesses. Four women and two men have four kinds of chronic illnesses, three women and four men have three kinds of chronic illnesses. Seven women and one man have two kinds of chronic illnesses. There is nobody with only one kind of chronic illness.

Figure 19.



n=24

Mini Nutrition Assessment

Screening

The nutritional condition of the 24 residents has been assessed by a test which was developed by the Nestlé Nutrition Institute. The average weight of the 24 residents is 64,25kg. The range of body weight is 53 (91-38). Median value: 62. Modus value: 54. Five residents' body weight is under 51kg. There is a difference between the average weight, the modus and the median statistically, the range is very high, the smallest body weight is 38kg, and the biggest is 91kg. Mathematical mean value/average body height is 158cm. The modus value of body height is 158; the median value is 161cm. The range is 32. (170-138=32). There is no difference between the mathematical average, the modus and the median statistically. BMI range is 20 (36-16), the difference is quite big between the smallest and biggest BMI values. The average of BMI is 24,87kg/m^2, for male 26,87kg/m^2, for women 23,87kg/m^2. There is no essential difference between the values.

The average body weight of men is 64,81kg, the heaviest is a man with 91kg, and the lightest is a man with 51kg. The average body weight of women is 63,12kg, the heaviest woman is 89kg, and the lightest is 38kg. Body height of women is 165,56cm, of men 144,37cm. The average body height is 158cm. Men have smaller body weight and height, their BMI average value is higher than women's. The average BMI value of male residents is 26,87, of female residents is 23,87. Women's average age is 6 years longer than men's in the examined population. The average age of women living in the home is 82,25years, of men 76,25years. The average is

80,25years. This is true for the Hungarian population as well, women's average age is 76,89, men's average age is 68,18years, the average is 76,89years.

The first question in the survey was: Have you eaten less food during the last three months because of loss of appetite, digestive problems, chewing problems or other problems? Nobody has bad appetite. Six women have medium appetite, 10 women and 8 men (18=75%) have good appetite in the last three months.
One woman lost weight in the last three months, more than 3kg, 6 women and 3 men lost weight between 1-3kg, 7 women and 5 men (12=50%) did not lose weight. So most of the residents do not have bad appetite and did not lose weight.

According to the MNA survey, which assessed their mobilization, 18 residents are able to move free, 3 residents are able to move inside the flat, but they do not go out, 3 female residents are bed bound or chair bound.

According to the answers given to question four, 9 residents had psychic stress or acute disease in the last three months, 15 residents did not have such serious problems. According to the answers given to question five, 3 residents have neuro-psychiatric problems, serious depression of dementia, 7 residents have mild dementia, and 14 residents (58%) do not have such diseases. According to the research, half of the residents have good neurological status; the other half has some neurological disease.

Assessment

In the second part of the MNA test 12 questions deal with the assessment of state. According to the answers given to the first question, nobody is independent, because all the 24 residents live in the home. This means that the elderly people can look after themselves in these circumstances, but most of them use aids and need help. 4 residents use wheelchairs for moving, 12 use walking aids to walk and to have stabile balance.

According to the answers given to the second question 21 residents take at least three kinds of medicines daily, 3 residents (2 women and 1 man) do not take three kinds of medicines. From the residents 1 woman and 1 man have ulcer on the leg, nobody has decubitus. Three meals a day are provided for all the 24 residents. The home does not have its own kitchen; the meals are delivered there for the clients. If somebody needs more food, they can always ask for and get more food.

From the answers given to question five, 2 residents have insufficient protein intake, 8 residents take small quantity of protein, 14 residents have sufficient protein intake in their food every day. 11 residents eat enough fruit and vegetables, 13 residents (8 women and 5 men) do not eat enough fruit and vegetables. 5 residents (3 women and 2 men) drink enough liquid a day, they drink more than five cups of liquid a day, which is about a litre a day, and this is the minimum need of liquid a day. 18 residents drink 3-5 cups of liquid a day, this is not enough, but there is a female resident, who hardly drinks any liquid, her BMI value is only 16, she is underfed.

10 residents are able to eat alone, but they need some help. 9 women and 5 men (14=58%) are able to eat alone. The residents think that they are not underfed. 11 residents (6 women and 5 men) think they do not have any problems with meals.

Answering the tenth question in the survey, nobody thinks that they have a better state of health than others in a similar age group. Only one woman and two men answered that their state of health is better than others in similar age group. 6 women and 2 men answered that they had worse state of health than others in their age group. 13 residents could not answer this question; they could not compare their state of health to others.

Answering the eleventh question, 9 residents have bigger mid-arm circumference than 22cm, and only 5 women have smaller than 21cm. 7 women and 2 men have smaller calf circumference than 31cm. 15 residents (9 women and 6 men) have bigger calf circumference than 31cm.

Table 45.

sex		**weight kg**		**height cm**		**age**	
female		63,12kg		165,56cm		82,25 years old	
male		64,81kg		144,37cm		76,25 years old	
I. Screening (subtotal max. 14 points)							
1. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?							
0 = severe loss of appetite		1 = moderate loss of appetite		2 = no loss of appetite			
f	m	f	m	f	m		
-	-	6	-	10	8		
2. Weight loss during the last 3 months							
0 = weight loss bigger than 3kg		1 = does not know		2 = weight loss 1-3kg		3 = no weight loss	
f	m	f	m	f	m	f	m
1	-	2	-	6	3	7	5
3. Mobility							
0 = bed or chair bound		1 = able to get out of bed		2 = goes out			
f	m	f	m	f	m		

3	0	1	2	12	6		
4. Has suffered from psychological stress or acute disease							
0 = yes		2 = no					
f	m	f	m				
8	1	8	7				
5. Neuropsychological problems							
0 = severe dementia or depression		1=mild dementia		2=no psychological problems			
f	m	f	m	f	m		
2	1	7	0	7	7		
6. BMI							
BMI less than 19		BMI 19-20		BMI 21-22		BMI more than 23	
f	m	f	m	f	m	f	m
3	-	2	2	3	0	8	6
II. Assessment (subtotal max. 16 points)							
1. Lives independently (not in a nursing home or hospital)							
1 = yes		0 = no					
f	m	f	m				
-	-	16	8				
2. Takes more than 3 prescribed drugs per day							
0 = yes		1 = no					
f	m	f	m				
14	7	2	1				
3. Pressure sores or skin ulcers							
0 = yes		1 = no					
f	m	f	m				
1	1	15	7				
4. How many full meals does the patient eat daily?							
0 =1 meal		1 = 2 meal		2 = 3 meal			
f	m	f	m				
-	-	-	-	16	8		
5. Selected consumption markers for protein intake							
0 = at least one serving of dairy products (milk, cheese, yoghurt) per day yes no		0,5 = two or more servings of legumes or eggs per week yes no		1 = meat, fish or poultry every day yes no			
f	m	f	m	f	m		
2	-	8	-	6	8		
6. Consumes two or more servings of fruit or vegetables per day?							
1=yes		0 = no					
f	m	f	m				
8	3	8	5				
7. How much fluid (water, juice, coffee, tea, milk, ..) is consumed per day?							
0,0 = less than 3 cups		0,5 = 3 to 5 cups		1,0 = more than 5 cups			
f	m	f	m	f	m		
1	-	12	6	3	2		
8. Mode of feeding							
0 = unable to eat without assistance		1 = self-fed with some difficulty		2 = self-fed without any problems			
f	m	f	m	f	m		
-	-	7	3	9	5		
9. Self view of nutritional status							
0 = views self as being malnourished		1 = is uncertain of nutritional state		2 = views self as having no nutritional problem			
f	m	f	m	f	m		
0	0	10	3	6	5		
10. In comparison with other people of the same age, how does the patient consider his/her health							

status?							
0,0 = not as good		0,5 = does not know		1,0 = similar		2,0 = better	
f	m	f	m	f	m	f	m
6	2	9	4	1	2	-	-

11. Mid-arm circumference (MAC) in cm							
0,0 = less than 21		0,5 = 21-22		1,0 = 22 or bigger			
f	m	f	m	f	m		
5	-	7	3	4	5		

12. Calf Circumference (CC) in cm							
0=CC less than 31		1=CC 31 or bigger					
f	m	f	m				
7	2	9	6				

n = 24

According to first part of the screening 10 residents have points between 12 and 14, which mean that they have a normal state of nutrition, there are no risks in their nutrition, and they are 5 women and 5 men. 14 residents (11 women and 3 men) have 11 points or less, they are malnourished.

According to the total points of the MNA test, 5 women and 1 man have points under 17, so they are malnourished. 12 residents (9women and 3 men) acquire points between 17,5 and 23,5, so the risk of malnourishment is bigger in their case. Only 6 residents (2 women and 4 men) got more than 24 points, their nutrition is satisfactory.

4.1.5. Residential Home for Elderly People in Nagyhalász

The residential home in Nagyhalász opened in 2008, one and a half years ago. It is a beautiful building which was built for this purpose. It is well designed for the lifestyle of elderly people. It is colourful, spacious and has a very friendly atmosphere. It is situated in the main street of this town, it functions as a nursing and caring home. It accommodates 51 elderly people. It is maintained by the local government. 6 elderly people are on the waiting list to be admitted. 22 residents have lived in the home for one and a half years, since it opened. 2 residents moved in only 2 months ago, they are a married couple, the husband is 80years old, and the wife is 78years old. They lived in the same town previously; they have five children, who are still alive. 14 residents had lived previously in another home for elderly people; this is the second residential home for them. They decided to change homes and move here, because this one was a pleasant, modern institution, which attracted them. All of them have lived here since it opened.

From the 51 residents 35 are women (69%) and 16 are men (31%). Their average age is 76,60years. The average age of women is 79,02years, the average age of men is 71,31years. Men are 8 years younger in the home than women. The youngest female resident is 60years old, the oldest is 95, and the range is 35 years (95-60). The modus of women's age is 79,5, the median is 80. There is no significant difference between the modus, the median and the mathematical average values. The youngest male resident is 44 years old, the oldest is 98, the range is 54 (98-44). The modus of men's age is 69,5, the median value is 72. There is no significant difference between the modus, the median and the mathematical average values. The 44 year old man is a widower, his only child lives very near him, he has lived in the home for one and a half years, but his child visits him only once in a quarter of a year. The man himself chose the institutional life. The 98year old widower has lived in the home for one and a half years; his three children are alive and live near the institution. They visit him once a week; he chose life in the institution for himself.

The 60 year old woman is married, but her husband does not live with her in the home. Her husband chose the home for her; she is visited once a month, her husband lives only 10km far from her. She has one child; she has lived in the home for one year. The 95year old widow had lived in another home for two years, and she has lived here for one and a half years. She has one child, who is alive, lives near her and visits her once a week. She also chose the home for herself.

There are 34 widowed residents, 27 women and 7 men. 7 residents are single, 3 are women, 4 are men. There are 5 married women and 5 married men in the home. From them 3 are married couples. 2 women's and 2 men's spouses do no live in the home.

Table 46.

	single	widowed	married	married	total	average age
female	3	27	5	-	35	79,02 years
male	4	7	-	5	16	71,31 years
total	7	34	5	5	51	76,60 years

n=51

Number of Children

The 51 residents had 82 children altogether, from them 5 died, the number of children alive is 77. 7 residents (3 women and 4 men) did not have any children. 14 residents have only one child, from them a woman lost her child. She is 86years old, has lived in the home for one and a half years, she had lived in another home for 11 years previously. 22 residents have two children, from them 4 died. 8 residents have three children, they are all alive. The child:adult rate among the residents is only 0,93. The natural reproduction is very small among the residents.

Table 47.

	number of residents		total number of children		number of children still alive		number of dead children	
residents have	female	male	female	male	female	male	female	male
1 child	9	5	9	5	8	5	1	-
2 children	18	4	36	8	33	7	3	1
3 children	5	3	15	9	15	9	-	-
no children	3	4	-	-	-	-	-	-
total number of children	35	16	60	22	56	21	4	1
child:adult rate			0,93					

n=51

Distance from Children

Two residents do not have any children and they have not been visited since they moved in. 18 residents' children live within 10km distance from their parents. 20 residents' children live between 11 to 50 km far from their parents. 3 residents' children live more than 50km far from their parents. Only one woman is visited daily, both of her children died, she is 90years old; she has lived in the home for eleven months. She is visited by her relatives. 4 residents are visited twice a week, their children live nearby. 28 residents are visited once a week, 11 are visited once a month, another 11 are visited twice a month, 2 residents are visited once in a quarter

of a year. There are 4 residents, who have not been visited since they moved in. Two of them are childless, and the other two residents' children live within 10km distance from the home.

We cannot say that the residents whose children live near the home are more often visited than those whose children live farther. The frequency of visits is the same.

All in all, from the 51 residents only one is visited daily, 32 are visited every week, 12 are visited every month, 2 are visited once in a quarter of a year, and 4 are not visited at all.

Table 48.

	distance from children				
frequency of visits	0-10 km	11-50 km	more than 51km	do not have any children but somebody visits her/him	total
daily	-	-	-	1	1
once a week	10	15	1	2	28
twice a week	4	-	-	-	4
once a month	1	4	2	4	11
twice a month	1	-	-	-	1
once in quarter of a year	1	-	-	1	2
twice in a quarter of a year	-	-	-	-	-
once in half a year	-	-	-	-	-
twice in half a year	-	-	-	-	-
even more rarely	-	-	-	-	-
never so far	3	1	-	-	4
total	18	20	3	10	51

n=51

The Amount of Old Age Pension

The average pension of the 51 residents is 66 241HUF (240Euros), the average pension of the male residents is 71 883HUF (261Euros), of female residents is 63 662HUF (231Euros), which is smaller than men's, but this is typical in the Hungarian population. According to the statistics of the Hungarian Statistical Centre, the average pension of men was 81 248HUF (295Euros) in 2008, the average pension of women was 69 352HUF (252Euros). The residents' average pension is smaller than the national average pension both for men and for women. These elderly people used to work in the agriculture, so their income was not high.

From the women only 3 retired less than 10years ago, their average pension is very small, only 57 800 HUF (210Euros) a month. 6 women retired 11-20years ago, their average pension is 64 360HUF (234Euros) a month, 18 women have been retired for 21-30years, their pension is 65 892HUF (239Euros) a month, 8 women

have been pensioners for 31-40 years, their average pension is 60 318HUF (219Euros). The average pension of the 35 female residents is 63 662HUF (231Euros) a month.

7 male residents retired less than 10years ago, their average pension is 63 692HUF (231Euros), 5 men have been retired for 11-20years, their pension is 73 207HUF (266Euros) a month, 3 have been retired for 21-30years, their pension is 87 773HUF (319Euros) a month, there is only one man who has been retired for more than 31years, his pension is 75 050HUF (272Euros) a month. The average amount of pension of the 16 male residents is 71 883HUF (261Euros) a month.

The amount of pension grows in direct proportion to the number of years in retirement. The longer you have been retired, the higher pension you will receive a month. The amount of the pension grows as the number of years in retirement grows.

Table 49.

number of years in retirement		0-10 years	11-20 years	21-30 years	31-40 years	total
female	number	3	6	18	8	35
	average pension	57800HUF (210Euro)	64360HUF (234Euo)	65892HUF (239Euro)	60318HUF (219Euro)	63662HUF (231Euro)
male	number	7	5	3	1	16
	average pension	63692HUF (231Euro)	73207HUF (266Euro)	87733HUF (319Euro)	75050HUF (272Euro)	72755HUF (265Euro)
total						51

n=51

The range is very big in the pensions, the smallest pension is 31 020HUF a month among women, the highest is 91 720HUF a month, the range is 60 700 (91 720-31 020). Among men the smallest pension is 37 960 HUF a month, the highest is 115 655HUF a month, the range is 77 695 (115 655-37 960). The difference is very big in the case of both genders.

The residents pay 80% of their pension for provision. After paying the compulsory fee, women are left 12 426HUF (45Euros) a month, which means that they can spend about 410HUF (1,5Euros) a day on themselves. It is a very small sum. From the men's pension 15 033HUF (54Euros) a month is left after paying the compulsory fee. This is about 500HUF (1,8Euros) a day. From the average pension of the 51 residents 13 248HUF (48Euros) a month is left after paying the compulsory fee, which is 80% of the pension, which means that 440HUF (1,6Euros) is left a day as pocket money for the elderly people.

These residents should get some extra money from their relatives to be able to buy some fruit and sweets for themselves. From the 51 residents only 9 get some financial support from somebody. Unfortunately, in the present situation, at the time of recession, most people are in a difficult financial situation in Hungary; moreover, unemployment is higher in the eastern regions, where the research was done, than in the western part of the country. From the 51 residents 18 answered that they had saved some money for their old age, they are one third of the residents. The other residents could not save any money.

Table 50.

		average pension	obligatory fee/month	left to the person	left average
female	average	63662HUF (231Euros)	80%	12 732HUF (46Euro)	12 426HUF (45Euros)
	maximum	91720HUF (333Euros)		18 344HUF (66Euro)	
	minimum	31020HUF (112Euros)		6 204HUF (22Euro)	
male	average	71883HUF (261Euros)		14 376HUF (52Euro)	15 033HUF (54Euros)
	maximum	115655HUF (420Euros)		23 131HUF (84Euro)	
	minimum	37960HUF (138Euros)		7 592HUF (28Euro)	
average		66241HUF (240Euros)		13 248HUF (48Euro)	48Euros

n=51

National Health Card

From the 51 residents only 12 have a national health card. This is an enormous financial support for elderly people who have a small pension. They can buy their medicines free of charge at the chemist's. Because of their small pensions, 10 male residents could possess the national health card, but only 5 of them have them. From the women 7 have the national health card, but 19 women could have them because of their small pensions. It is the institution's duty to fill in the necessary application forms, to a get certificate from the district doctor about the prescribed medicines, and to send them to the social board of the local government in order to obtain the national health cards for the 17 residents, who do not have them. This is the social worker's job, who is employed in the home.

Taking Medicines

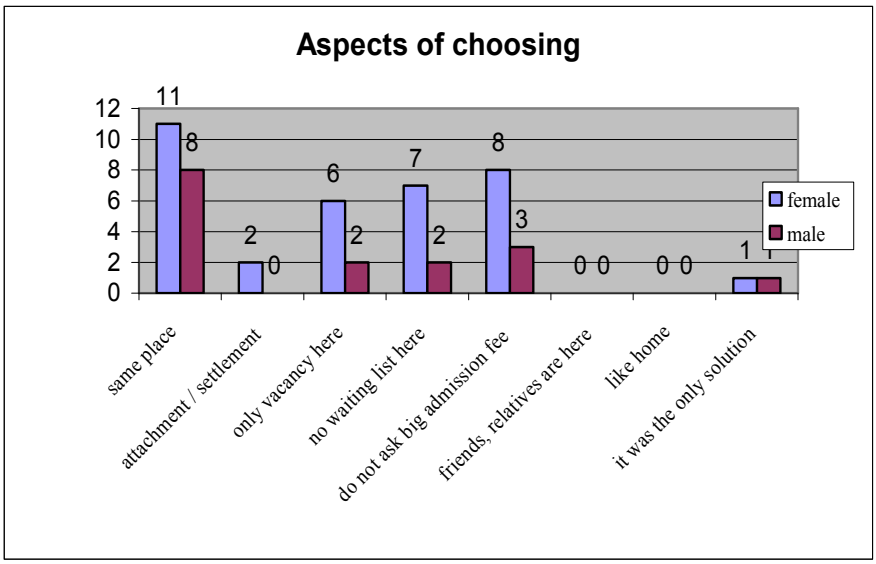
From the 51 residents there is only one woman, who is single and 87years old, who does not take any medicines. She has lived in the home for one year. She does not have any chronic diseases, she wears glasses, and she does not need any other aids. 16 male and 34 female residents take prescribed medicines regularly every day. The home can only partly pay for their medicines; they have to buy some of the medicines themselves. Unfortunately, the home can only provide some listed and licensed medicines for the residents from its budget. (This financial support for buying medicines will cease on 1st of January 2010.

The Aspects of Choosing an Institution

From the 51 residents 21 (41%) (13 women and 8 men) chose this home, because it was at the same place where hey had lived previously. Elderly people prefer staying at the same place where they lived, because they can be near their acquaintances, if they go out, they will meet people they know, and they also hope that their children and relatives can visit them more easily.

6 women and 2 men chose this home, because when they were looking for a suitable place, this was the only one where there was a vacancy. For 7 women and 2 men it was important that there was no waiting list in this home, so when they decided to move into a home, this one could accommodate them immediately. For 8 women and 3 men it was important that they did not have to pay a huge amount of money for admission. 1 woman and 1 man answered that moving into this home had been the only solution for them.

Figure 20.



n=51

Who Chose this Home?

From the 51 residents of the home, 25 (49%) chose the home for themselves. They are a married couple, 4 single people (2 women and 2 men). 19 widowed people also chose the home for themselves, from them 7 have one child, and 12 have two or more children. If the elderly person chooses the institution for himself/herself, he/she is not forced to do so, so they do not grudge. They can adapt better to the new environment. For 7 residents their husband or wife chose the home, all of them have children. For 4 residents their supporters chose the placement in the residential home, they are 3 single and a widowed woman, they are childless. For 14 widows and for a married man their children chose placement in a home.

All in all 49% of the residents chose placement in the home for themselves, while for the others (51%), their children, their supporters or their spouses chose the placement in the home.

Table 51.

	widowed		married		single		number of children alive
	female	male	female	male	female	male	
their children chose the home	2	4	-	-	-	-	1
	7	1	1	-	-	-	more
	-	-	-	-	-	-	0 none
their supporters chose the home	-	-	-	-	-	-	1
	-	-	-	-	-	-	more
	1	-	-	-	1	2	0 none
husband of wife chose the home	-	-	1	-	-	-	1
	-	-	2	4	-	-	more
	-	-	-	-	-	-	0 none
total	26 residents 51%						
they themselves chose the home	6	1	-	-	-	-	1
	11	1	1	1	-	-	more
	-	-	-	-	2	2	0 none
total	25 residents 49%						
total	27	7	5	5	3	4	
total	34		10		7		

n=51

How often are the Residents Visited?

From the 16 male residents 14 are visited, 2 are not. One of them is the 60 year old widower, whose only child lives near the institution, this child chose the institutional placement for him, and he has lived here for 9 months. The other one is the 61year old single man, who is childless. He has lived in the home for 3 months,

he chose the home for himself, this was the only solution for him, and it was important that there was no waiting list at admission.

From the 35 female residents 33 are visited regularly, 2 women are not visited. One of them is the 77year old widow, who has lived in the home for one and a half years, her only child lives near the home, but she does not visit her. The woman chose the home for herself. The other one is the 87year old single woman, who is childless, she has lived in the home for one year, she chose the home for herself, and she has one sibling, who lives 300km far from her.

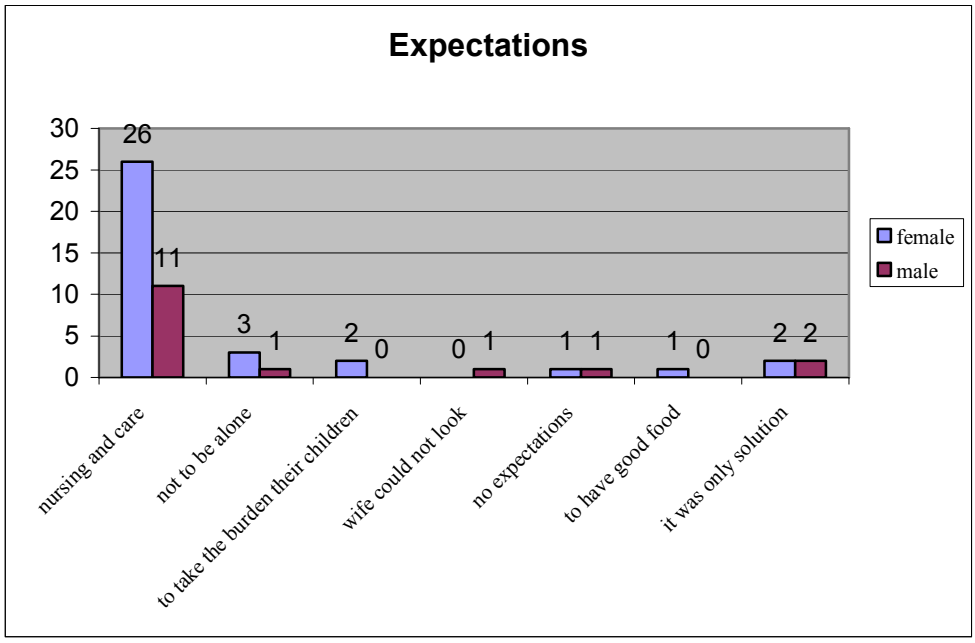
Most of the elderly people are looking forward to the visitors, it is very important for them not to lose contact with previous friends, acquaintances. They should be in contact with the outer world and the outer world should go into their home.

Expectations in Connection with the Home

The residents were asked what kind of expectations they had had before moving into the home and what kind of aspects they had had when they had chosen a home for themselves. 37 residents (26 women and 11 men) (72%) chose this home, because nursing and care were very important for them. In their previous homes nursing and care had not been provided for them, the staff, constant care were not satisfactory, but here, in this environment they feel safe. 4 residents answered that they moved into the home not to be alone, another 4 answered that they did not have any other solutions, they got satisfactory placement in this home which was suitable for their state. 2 women chose the home, because they wanted to take the burden of constant nursing off their children.

1 male resident answered that his wife could not continue nursing him in their home. 1 woman and 1 man answered that they had not had any expectations, the supporter and the man's wife had chosen the placement in the home for them. 1 woman gave a very interesting answer, she is a 79year old single, childless woman, and she has lived in the home for one and a half years. Before that she lived in another institution for 11years. Her supporter chose the home for her, the only expectation she had was that the food should be good. This also shows that she had neutral feelings in connection with life in a residential home; she did not have any emotional expectations.

Figure 21.



n=51

Free Time Activities

This home does not employ an occupational therapist, the nurses; social workers are responsible for organizing the residents' free time activities. A qualified physiotherapist is employed part- time to help the residents with their moving. 33 residents (65%) answered that physical education was important for them, in which they take part in an active way. 30 residents (26 women and 4 men) answered that they liked singing together, this is typical of elderly people, because they get into a better mood, and singing reminds them of their young age, family reunions and love. 10 residents like programmes with music and singing, such as the carnival, the grape harvest festival, name-days, birthdays, etc.

For 4 residents taking part in the mass is important, local priests come into the home, but the church is not far from the home. From the 51 residents only 3 people take part in looking after the garden and the flowers. 15 residents (6 women and 9 men) answered that did not take part in any programmes in an active way. It is important to note here that 22 residents (16 women and 6 men) are able to move only inside the building. However, the residents do not only participate in the programmes in an active way, but they choose to be present at certain activities as passive participants. They enjoy them, because they do not sit lonely in their rooms, they are part of the community, although in a passive way. They enjoy music and dance programmes, gymnastics, although they just sit and watch the others. 6 residents

usually organize card games, which is an important mental exercise for them, as well as an opportunity to form the community. These residents used to live in a house with a garden, so many of them help in the garden, the yard of the home to make them nicer and well looked after. They work together with the gardener, but mainly direct him and watch him work.

Table 52.

active participation			passive participation		
	female	male		female	male
mass	4	-	dance lessons	15	7
activities	9	1	religious classes	2	3
singing	26	4	creative activities	10	9
gymnastics	26	7	doing nothing	6	1
looking after the garden	1	2	looking after the garden	13	3
doing nothing	6	9	gymnastics	6	8

n=51

Opinion about the Food

The residential home has its own kitchen; the meals are prepared there for the residents, the staff and even for others. The kitchen is in the same building as the home. 46 residents answered that the food was delicious, some answered that it was varied, the bakery products were always fresh. 31 residents answered that their requests were taken into consideration when planning the menu. All in all, the residents are satisfied with the meals. Nobody answered that they had to buy supplementary food in the buffet, or the relatives often brought food for them from home. It is not typical either that the nurses or the staff would bring some food for them. According to the survey in other homes the nurses and the staff bring some food from their own homes for the residents. They know what they like, or what they would like to eat for a long time, and if the nurse cooks this food for her family, she takes some for the residents.

How much do they Move?

The residents were asked how much they moved during the day. An elderly man does not even leave the bed during the day, he is 56years old, his supporter chose this home for him, he is single, and he does not have a child. 2 residents are not able to leave the room, one of them is an 87year old single woman, she is childless, she has not been visited since she moved in, and she chose the institutional placement for herself. The other one is an 84 year old married man, whose wife also

lives in the institution. He can only walk with a stick; he has incontinence and has to wear incontinence pants.

19 residents (15 women and 4 men) are able to walk only inside the building. 21 residents (41%) (14 women and 7 men) are able to go to the garden or the terrace. Only 8 residents (5women and 3 men) are able to leave the institution and go out, it is only 15% of the residents.

All in all, 43% of the residents are able to move only inside the room and the building, so the residents' ability to move is very restricted. 57% of the residents are able to go to the garden and the terrace, and only a few are able to leave the building and go out. The nurses' work is very hard, because only about half of the residents can move free. The nurses do a good job, because none of the residents have decubitus or ulcer.

12 residents have not left the building since they moved in, in their case it is only one and a half years, but it is long enough to influence their orientation in a negative way, and create the feeling of being excluded from the outer world. 4 residents (2 women and 2 men) leave the building every day, and another 4 residents, (2 women and 2 men) are able to leave the building once a week. A widow goes out alone every second day. The number of those who very rarely leave the home is quite high; they are 20 women and 10 men (59%).

Table 53.

daily moving area			how often do they leave the institution		
	female	male	female	male	
does not leave the bed	-	1	10	2	never since they moved in
does not leave the room	1	1	2	2	daily
moves only inside the building	15	4	1	-	every second day
is able to go to the garden, the terrace	14	7	-	-	three times a week
is able to leave the home, goes out	5	3	2	2	once a week
			20	10	even more rarely
total	35	16	35	16	total
total	51		51		total

n=51

Free Time Activities

The residents were asked how they spent their free time. Most of the residents (90%) watch TV most of the time; they are 31 women and 15 men. The home does

not employ an occupational therapist, the nurses organize some activities. 29 women and 7 men answered that they liked taking part in these activities, especially the ones where there was music and singing. 19% of the residents, (3 women and 7 men) like listening to the radio during the day. 5 women read daily papers, books. 3 women and 3 men like looking after the garden and the flowers. It is not easy to involve the elderly people into the activities because of their age and state. They like sitting or lying in their beds. They do not go to the programmes if they have chronic illnesses or suffer from incontinence.

Life Functions

The residents were asked about their life functions. Six life functions were assessed in the survey. They can be good or satisfactory or bad. 5 residents (1 woman and 4 men) have good eyesight, 40 (29 women and 11 men) have satisfactory, 6 residents (5 women and 1 man) have a bad eyesight. 8 residents (5 women and 3 men) have good hearing, 33 residents (25 women and 8 men) have satisfactory, and 10 residents (5 women and 5 men) have bad hearing. 6 residents (4 women and 2 men) are good at moving, 26 residents (19 women and 7 men) have satisfactory moving, and 19 residents (12 women and 7 men) are bad at moving. 6 residents (4 women and 2 men) are good at chewing, 44 residents (31 women and 13 men) are satisfactory and 1 male resident is bad at chewing. 6 residents (4 women and 2 men) have good balance, 38 residents (28 women and 10 men) have satisfactory balance, and 7 residents (3 women and 4 men) have bad balance. 4 female residents have good orientation, 25 residents (17 women and 8 men) have satisfactory, and 22 residents (14 women and 8 men) have bad orientation.

The survey shows that the residents have the most problems with their moving and orientation. There was nobody from the 51 residents, who had six bad life functions. There is only one woman, a 77year old widow, who has lived in the home for one and a half years, whose only child lives near the home, but has never visited her, she is the only one, who has six good life functions.

Table 54.

	good		satisfactory		bad		total
	female	male	female	male	female	male	
vision	1	4	29	11	5	1	35/16
hearing	5	3	25	8	5	5	35/16
moving	4	2	19	7	12	7	35/16
chewing	4	2	31	13	-	1	35/16
balance	4	2	28	10	3	4	35/16
orientation	4	-	17	8	14	8	35/16

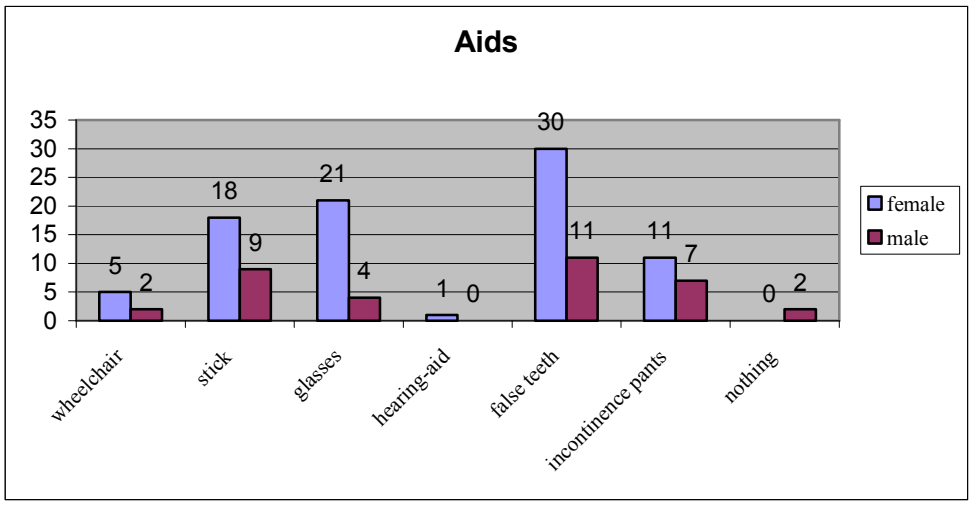
n=51

Aids

The residents were asked what kind of aids they used to make their everyday life easier. One resident may use more kinds of aids. 7 residents (14%) use wheelchairs, 18 residents (35%) (11 women and 7 men) suffer from incontinence; they need to wear incontinence pants. 27 residents (53%) (18 women and 9 men) use a stick to walk, not to have falls and accidents, which so often occur in old age. 21 women and 4 men (49%) wear glasses, which are necessary for good orientation. 30 women and 11 men (80%) have false teeth, which are needed for satisfactory nutrition, digestion and chewing.

There are 2 male residents, who do not use any of these aids. 7 residents (4 women and 3 men) use only one aid, 17 residents (13 women and 4 men) use two kinds of aids, 17 residents (11 women and 6 men) use three kinds of aids. 8 residents (7 women and 1 man) use four kinds of aids. From the various aids listed in the survey, only four are used by the residents. Nobody uses five or six kinds of aids.

Figure 22.



n=51

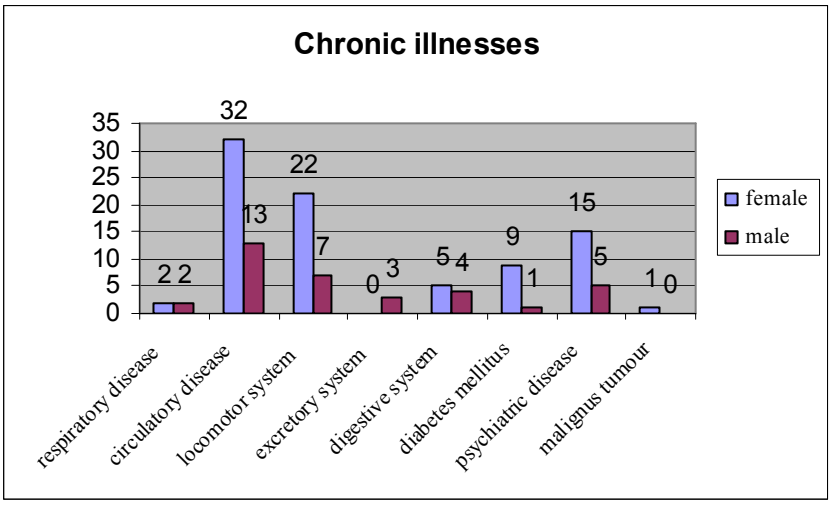
Chronic Illnesses

The residents were asked what kind of chronic illnesses they suffered from. The 35 female residents listed 86 diseases, which is 2,45 chronic illnesses per woman. The 16 male residents listed 35 diseases, which is 2,18 chronic illnesses per man. There are no significant differences between the genders; one resident usually suffers from 2-3 chronic diseases.

The most common is the circulatory disease, 88% of the residents (32 women and 13 men) have cardiovascular chronic disease. The second most common is the disease of the locomotor system. 22 women and 7 men (56%) suffer from it. The third most common disease is the psychiatric disease, 15 women and 5 men (39%) suffer from it. 10 residents (9 women and 1 man) have diabetes, 9 residents (5 women and 4 men) have diseases of the digestive system. 4 residents (2 women and 2 men) have respiratory chronic diseases, 3 male residents have diseases of the excretory system, 1 female resident has malignant tumour.

From the 51 residents there is only one woman, who does not have any chronic diseases, she is 87years old, she has lived in the home for one year, she is single and childless, she has not been visited since she moved in, she chose the institutional placement for herself. 5 residents (2 women and 3 men) have one chronic illness, 21 residents (41%) (14 women and 7 men) have two kinds of chronic diseases, another 21 residents (16 women and 5 men) have three kinds of chronic diseases, and 3 residents (2 women and 1 man) have four kinds of chronic diseases.

Figure 23.



n=51

Mini Nutrition Assessment

Screening

The nutritional condition of the 51 residents has been assessed by a test which was developed by the Nestlé Nutrition Institute. The mathematical average of the body weight of the 51 residents is 69,25kg. The range is 55 (95-40). The median is 69. The modus is 69,5. The average body weight of the female residents is 67,45kg; the average body weight of the male residents is 73,18kg. The male residents are heavier than the female residents; the average difference is more than 5kg. The lightest woman is 40kg, she is 82years old, she has lived in the institution for one and a half years, and she can only move with the wheelchair. The heaviest woman is 95kg, she has lived in the home for 8 months, she uses a wheelchair, suffers from incontinence, she needs to wear incontinence pants. The other woman, who also weighs 95kg, is 78years old, she has lived in the home for one and a half years, and she is able to move only inside the building, she has diabetes. The lightest man weighs 52kg, who is 98years old, he has lived in the home for one and a half years, he can move with a stick. The heaviest man weighs 95kg, he is 82years old, he has lived in the home for 3 months, and he has incontinence and has to wear incontinence pants.

The mathematical average of the body height is 163cm. The range is 26 (178-152), the tallest person is 178cm, the shortest is 152cm. The median is 165. The modus is 165,5. There is no statistical difference between the mathematical average, the modus and the median. The average body height of women is 162cm, of men is 163cm. These values are close to each other.

The BMI range is 18 (34-16), the highest BMI value is 34, the smallest is 16. The mathematical average of the BMI value is 24kg/m^2, for men it is 25kg/m^2, for women it is 24 kg/m^2. The median value is 25, the modus value is 23. There is no significant difference between the values.

The average age of the 51 residents is 76,60years, of women it is 79,02years. The oldest female resident is 95years old, the youngest is 60, the range is 35 (95-60). The modus is 79,5years, the median is 80years. The average age of men is 71,31years, the range is 54 (98-44). The modus is 69,5years, the median is 72years. The difference between the median of the two genders is 8 (80-72), the difference between the modus of the two genders is even higher, for women it is 79,5, for men it is only 69,5, the male residents are younger than the female residents in the home.

To sum it up, the body weight and the body height of men is higher than that of the women, and the average age of men is 8 years lower than that of the women. The average age of women (79,02) is a bit higher than the national average (76,89), the average age of men (71,31) is a bit higher than the national average (68,18). The average age of the residents (76,60) is four years more than the national average (72,4).

The first question in the survey was: Have you eaten less food during the last three months because of loss of appetite, digestive problems, chewing problems or other problems? Nobody has bad appetite, 2 female and 1 male residents have medium appetite, and 33 female and 15 male residents (94%) have good appetite. Nobody had a loss of weight, 2 women and 2 men lost weight between 1-3kg, 33 women and 14 men (94%) did not lose any weight in the last three months, so 94% of the residents do not have bad appetite and 94% did not lose weight in the last three months. These figures show the good condition of the residents.

According to the MNA survey, which assessed their mobilization, 32 residents are able to move free, 15 residents are able to move inside the flat, but they do not go out, 3 women and 1 man are bed and chair bound, and 7 residents (5 women and 2 men) use wheelchairs.

According to the answers given to question four, 6 residents (2 women and 4 men) had a psychic stress or an acute disease in the last three months, and 45 residents (88%) (33 women and 12men) did not have such a serious disease.

According to the answers given to question five, 9 residents (6 women and 3 men) have a neuropsychiatric problem, serious depression or dementia, 24 residents (16 women and 8 men) have a mild dementia, and 18 residents (35%) (13 women and 5 men) do not have such a disease. According to the results of the research, one third of the residents (18) are in a good neurological state, two- thirds of the residents (33) have a neurological disease.

Assessment

In the second part of the MNA test 12 questions refer to the assessment of their state. According to the first question of the survey, nobody is independent, because all the 51 residents live in the residential home. Naturally, this means that they can look after themselves in the home, but most of them use aids and need assistance. 5 women and 2 men use wheelchairs, 27 residents (18 women and 9 men) use sticks to have the balance to walk.

According to the answers given to the second question, 29 women and 11 men take at least three kinds of medicines every day, 6 women and 5 men do not take three kinds of medicines a day. Nobody has pressure sores or skin ulcer; this shows that that quality of nursing is very good in the home. All the 51 residents are provided with meals three times a day. The home has its own kitchen; all the meals are prepared and cooked there. The residents are very satisfied with the food.

According to the answers given to question five, the protein intake of the residents is satisfactory, because all the residents eat meat and eggs at least twice a week. 40 residents (24 women and 16 men) do not eat enough fruit and vegetables, only 11 women answered that they ate fruit and vegetables every day. 14 residents (13 women and 1 man) drink enough liquids, they drink more than five cups of liquids a day, and this is how they supplement the necessary fluids. 37 residents drink between 3 to 5 cups of liquids a day, this is not the satisfactory amount, so in their case, nurses should care about the fluid intake. Nobody drinks less than three cups of liquids a day. Fluid intake is very important for elderly people in order to keep their mental state and orientation.

One woman and one man are unable to eat without assistance. Only one woman needs some assistance with eating, 33 women and 15 men (94%) are able to eat without any problems. According to the residents' own opinion, nobody is underfed. 46 residents (90%) (33 women and 13 men) said that they did not have any problems with eating, 5 residents were uncertain of their nutritional state.

According to the answers given to question ten, 6 women and 2 men think that their general state of health is worse than others in their age group. 28 residents (54%) (20 women and 8 men) believe that their general state of health is good or better than others in their age group. 15 residents (9 women and 6 men) were uncertain of their health state.

According to the answers given to question eleven, 48 residents have a bigger mid-arm circumference than 22cm, and only 1 resident has a smaller than 21cm. 2 women have their mid-arm circumference between 21cm and 22cm. Only 3 women have a smaller calf circumference than 31cm, 48 residents (32 women and 16 men) have a bigger calf circumference than 31cm.

Table 55.

sex		**weight kg**		**height cm**		**age**	
female		67,45kg		162cm		79,02 years old	
male		73,18kg		163cm		71,31 years old	
I. Screening (subtotal max. 14 points)							
1. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?							
0 = severe loss of appetite		1 = moderate loss of appetite		2 = no loss of appetite			
f	m	f	m	f	m		
-	-	2	1	33	15		
2. Weight loss during the last 3 months							
0 = weight loss bigger than 3kg		1 = does not know		2 = weight loss 1-3kg		3 = no weight loss	
f	m	f	m	f	m	f	m
-	-	-	-	2	2	33	14
3. Mobility							
0 = bed or chair bound		1 = able to get out of bed		2 = goes out			
f	m	f	m	f	m		
3	1	10	5	22	10		
4. Has suffered psychological stress or acute disease							
0 = yes		2 = no					
f	m	f	m				
2	4	33	12				
5. Neuropsychological problems							
0 = severe dementia or depression		1=mild dementia		2=no psychological problems			
f	m	f	m	f	m		
6	3	16	8	13	5		
6. BMI							
BMI less than 19		BMI 19-20		BMI 21-22		BMI more than 23	
f	m	f	m	f	m	f	m
4	-	3	-	4	3	24	13
II. Assessment (subtotal max. 16 points)							
1. Lives independently (not in a nursing home or hospital)							
1 = yes		0 = no					
f	m	f	m				
0	0	35	16				
2. Takes more than 3 prescribed drugs per day							
0 = yes		1 = no					
f	m	f	m				
29	11	6	5				
3. Pressure sores or skin ulcers							
0 = yes		1 = no					
f	m	f	m				
-	-	35	16				
4. How many full meals does the patient eat daily?							
0 =1 meal		1 = 2 meal		2 = 3 meal			
f	m	f	m	f	m		
-	-	-	-	35	16		
5. Selected consumption markers for protein intake							
0 = at least one serving of dairy products (milk, cheese, yoghurt) per day yes no		0,5 = two or more servings of legumes or eggs per week yes no		1 = meat, fish or poultry every day yes no			
f	m	f	m	f	m		
-	-	18	14	17	2		

6. Consumes two or more servings of fruits or vegetables per day?							
1=yes		0 = no					
f	m	f	m				
11	-	24	16				

7. How much fluid (water, juice, coffee, tea, milk, ..) is consumed per day?							
0,0 = less than 3 cups		0,5 = 3 to 5 cups		1,0 = more than 5 cups			
f	m	f	m	f	m		
-	-	22	15	13	1		

8. Mode of feeding							
0 = unable to eat without assistance		1 = self-fed with some difficulty		2 = self-fed without any problems			
f	m	f	m	f	m		
1	1	1	-	33	15		

9. Self view of nutritional status							
0 = views self as being malnourished		1 = is uncertain of nutritional state		2 = views self as having no nutritional problem			
f	m	f	m	f	m		
-	-	2	3	33	13		

10. In comparison with other people of the same age, how does the patient consider his/her health status?							
0,0 = not as good		0,5 = does not know		1,0 = similar		2,0 = better	
f	m	f	m	f	m	f	m
6	2	9	6	15	6	5	2

11. Mid-arm circumference (MAC) in cm							
0,0 = less than 21		0,5 = 21-22		1,0 = 22 or bigger			
f	m	f	m	f	m		
1	-	2	-	32	16		

12. Calf Circumference (CC) in cm							
0=CC less than 31		1=CC 31 or bigger					
f	m	f	m				
3	-	32	16				

n = 51

According to first part of the screening 31 residents have points between 12 and 14, so their nutritional state is satisfactory, there are no risks. They are 22 women and 9 men (61%). 20 residents have 11 points or less, they are 13 women and 7 men, they are malnourished. All in all, almost two-thirds of the residents (31 residents=61%) have satisfactory nutrition, and one-third of the residents (20 residents=39%) are malnourished.

According to the MNA total scores, 1 woman and 2 men have their scores under 17, so they are malnourished. 11 women and 5 men have scores between 17,5 and 23,5, which means that the risk of malnourishment is high in their cases. 32 residents (62%) (23 women and 9 men) have their scores above 24, which mean that their nutrition is satisfactory. Among women the lowest result is 17points, it belongs to the 86year old woman, who has severe dementia, incontinence, and suffered from stress in the last three months. She has not left the home since she moved in. 4 women had the highest points, they had 29points. They are in the best nutritional state according to the MNA test. Among men the lowest result is 19,5points, it

belongs to a man, who has severe dementia, moves only inside the building and has a medium appetite. A 60year old man had the highest points, 27points, he is relatively young, he has lived in the institution for 9 months, and he has not been visited yet.

4.1.6. Residential Home for Elderly People in Nyírtelek

The residential home in Nyírtelek was opened in 1996, so it has been operating for 14 years. A new school was built then, and the old school building was renovated and turned into a home for 37 elderly people, mainly for locals. The settlement used to be a village then, but not long ago it became a town. It lies near Nyíregyháza, a city. The original building has been expanded since then. The home is maintained by the local government. The home is the last building at the edge of the town, or from another point of view, it is the first building that you see when you arrive in the town. Two residents, widows who are 75 and 77years old have lived in the home since it was opened, for 14years.

From the 37 residents 29 are female (78%) and 8 are male (22%). The average age of the residents is 79,02years, the average age of women is 79,58years, the average age of men is 77years. The average age of female residents is higher than that of male residents in this home, too. The range is 33 (92-59), the oldest resident is 92, the youngest is 58. The median value is 78. The modus value is 70,5. There is not a significant difference between the mathematical average and the median, the modus is a bit lower value.

From the residents 33 are widowed (89%), they are 26 women and 7 men, in residential homes the number of the widowed is always the highest, just like in the society. There are 4 single residents; they are 3 women and 1 man. The man is 59 years old, he had lived in the same town before he moved in 2 years ago. His only child lives 300km away from him. He is the youngest resident, single, but has a child; he is visited once a week, he moved into the home because of the full board. The oldest male resident is 87, a widower, he has lived in the home for one year, he has two children, he had lived in the same town previously, he chose the institution for himself, he is visited once a week.

The range of male residents is 28 (87-59). From the three single women one is 92years old, she has lived in the home for 8 months, and she had lived in the town previously. The second is a 77year old woman, she has lived in the same town previously, and the third one is the youngest, she is 65years old, she has lived in the home for one and a half years, she chose this home, because when she wanted to move into a home, only this one had a vacancy. But she got used to living here. The youngest female resident is 62years old, she has lived in the home for one year, her

only child lives within 10km distance, she had lived in the same town before she moved in. The oldest female resident is 92years old, she has lived here only for 8months, her supporter chose the home for her, she is visited twice a week. The range of female residents is 30 (92-62).

From the 37 residents only 1 woman lived in another home previously, she is 75, she has lived in this home for 14years, and he lived in another home for 6years before that. In fact she has lived in a home since she reached retirement age, which was 55 then. She has three children, one of them lives within 10km distance from the home, but she always becomes upset when she is visited. Moving into the residential home was the only solution for her. 36 residents has always lived in this home, they did not live in another home.

From the 29 female residents, 9 have lived in the home for less than a year, 10 have lived here for a period of one to five years, and another 10 have lived here for more than five years. The woman, who has lived here for the longest time, has lived here for 14 years.

Table 56.

	single	widowed	married	marrired	total	average
female	3	26	-	-	29	79,58years
male	1	7	-	-	8	77years
total	4	33	-	-	37	79,02years

n=37

Number of Children

8 residents have one child, 11 have two children, 7 have three children. One woman has four, and another has five children. The total number of children is 72, from them only 56 are still alive, 16 died. The eight male residents have 14 children, they are all alive. The 16 children who died all belong to the female residents. From the women who had two children, one child died, from the women who had three children, six children died, from the women who had four children, five children died, and the only woman with five children has already lost four. In the case of residents with children, the total number of children is 31, so the adult:child rate is 62:72=1,16. This is not enough for the replacement of the population.

Table 57.

	number of clients		number of children		number of live-children		number of died children	
clients have	female	male	female	male	female	male	female	male
1 child	5	3	5	3	5	3	-	-
2 children	7	4	14	8	13	8	1	-
3 children	6	1	18	3	12	3	6	-
4 children	4	-	16	-	11	-	5	-
5 children	1	-	5	-	1	-	4	-
not has child	6	-	-	-	-	-	-	-
total number	29	8	58	14	42	14	16	-
child:adult rate			1,16					

n=37

Distance from Their Children

Six residents do not have any children alive, a 91year old woman lost all her three children, an 87year old woman lost her only child. Five residents are visited every day (4 women and 1 man), their children live within 10km from the home. 15 residents (40%) are visited once a week, nine of them have children within 10 kilometres' distance, and 4 of them have their children within 50kilometres' distance. Five residents are visited twice a week, their children also live within 10kilometres' distance. Six residents are visited once a month, four are visited twice a month, and there is only one resident, who is visited only once in a quarter of a year, his /her child lives 50km away from him/her.

36 residents are visited quite regularly, there is only one woman, who is 74years old, childless, she is never visited. She moved into the home to get full board. All in all, from the 37 residents 35 (95%) are visited at least once a month, one is visited only once in a quarter of a year, and one resident has never been visited, although she moved into the home only five months ago, and she is childless.

Table 58.

	distance of children				
frequency of visit	0-10km	11-50km	over than 51km	do not has chlidren but somebody visit her/him	Total
daily	4	1	-	-	5
1 time per week	9	4	1	1	15
2times per weeks	4	-	-	1	5
1time per month	3	1	-	2	6
2times per months	1	2	-	1	4
1time per quarter	-	1	-	-	1
2times per quarters	-	-	-	-	-
1time per semester	-	-	-	-	-
2times per semesters	-	-	-	-	-
rarelier	-	-	-	-	-
never yet	-	-	-	1	1
total	21	9	1	6	37

n=37

The Amount of Pension

The average old age pension of the 37 residents is 71525HUF (260Euros), the average pension of the 8 male residents is 72775HUF (265Euros), the average pension of the female residents is a bit smaller, 71180HUF (259Euros). These data show that women get smaller pension than men, and this is typical of the Hungarian society. According to the Hungarian Central Statistics Office, the average pension of men was 81248HUF (295Euros) and the average pension of women was 69352HUF (252Euros) in 2008. In the examined population women get a bit higher, while men get a lower pension than the national average.

From the female residents 2 women have been pensioners for less than 10years, their average pension is 75260HUF (274Euros), 6 women have been pensioners for 11-20years, their average pension is 71764HUF (261Euros), and 7 women have been pensioners for more than 31 years, their average pension is 65515HUF (238Euros). There are no big differences comparing the amount of pension and the number of years in retirement, although in this examined population the younger residents have a higher pension than those, who have been retired for longer time.

From the 8 male residents one man has been retired for less than 10years, his pension is 65855HUF (239Euros) a month, 5 men have been retired for 11-20years, their average pension is 77533HUF (282Euros), and 2 men have been retired for more than 21 years, their average pension is 64341HUF (234Euros).

From the female residents the smallest pension belongs to a 73year old widow, who has been a pensioner for 18years, it is 36705HUF (133Euros). The highest pension belongs to an 80year old widow, who has been a pensioner for 25years, she used to work as an agricultural worker. Her pension is 90790HUF (330Euros). The range between the women's pensions is quite high, it is 54085HUF (197Euros)= (90790-36705).

Among the male residents the range is 42175HUF (153Euros)=95240-53065. This means that the highest amount of pension is 95240HUF (346Euros) a month, it belongs to a 78year old widower, who has been a pensioner for 18years, and has lived in the institution for 5years. The smallest pension belongs to a 75year old man, who has been a pensioner for 15years, and has lived in the home for 11years, his pension is 53065HUF (193Euros) a month.

Table 59.

pension years		0-10years	11-20years	21-30years	31-40years	total
female	number	2	6	14	7	29
	pension average	75260HUF (274Euro)	71764HUF (241Euo)	73180HUF (266Euro)	65515HUF (238Euro)	71180HUF (259Euro)
male	number	1	5	2	-	8
	pension average	65855HUF (239Euro)	77533HUF (282Euro)	64341HUF (234Euro)	-	72755HUF (265Euro)
total						37

n=37

The residents pay 80% of their pension for the provision in the home, but the maximum cannot be more than 57 000HUF. According to the code of practice, residents have to pay 80% of their pension for the service. After they have paid the compulsory fee, female residents are left an average of 13245HUF (48Euros) a month as pocket money. This means that these elderly women can spend an average of 441HUF (1,60Euros) a day on their own needs, such as fruit, coffee, cakes, etc. Male residents are left an average of 14738HUF (54Euros) a month as pocket money, from which they can spend an average of 491HUF (1,79Euros) a day on cigarettes, coffee, fruit, etc. The average pensions of the two genders show that men's pension is a bit higher than women's pension.

Table 60.

		average pension	fee/month	rest of person	rest average
female	average	71 180HUF (258Euro)	57000HUF (207Euro) or 80%	14 236HUF (52Euro)	13 245HUF (48Euro)
	maximum	90 790HUF (330Euro)		18 158HUF (66Euro)	
	minimum	36 705HUF (133Euro)		7 341HUF (27Euro)	
male	average	72 775HUF (264Euro)		14 555HUF (53Euro)	14 738HUF (54Euro)
	maximum	95 240HUF (346Euro)		19 048HUF (69Euro)	
	minimum	53 065HUF (192Euro)		10 613HUF (38Euro)	
average		71 525HUF (260Euro)		14 305HUF (52Euro)	

n=37

National Health Card

From the 37 residents 10 women and 2 men have a national health card. There is one more male resident, who could own the national health card, because his pension is smaller than the threshold, which is 65855HUF a month. From the female residents two could get the national health card, because their pension is 48290HUF a month and 36705HUF a month respectively, these pensions are very small, they

should ask for financial support from the local government. With the national health card they could buy their medicines cheaper.

Taking medicines

36 residents regularly take medicines daily for the doctor's order. A 91year old woman is the only resident who does not take any medicines regularly, however, she obtains the national health card. Only 4 female residents answered that they get some financial support from their children, 33 residents can only spend what is left from their pensions. 12 residents (5 men and 7 women) answered that they could save some money, and they can spend from it besides what is left for them from their pension.

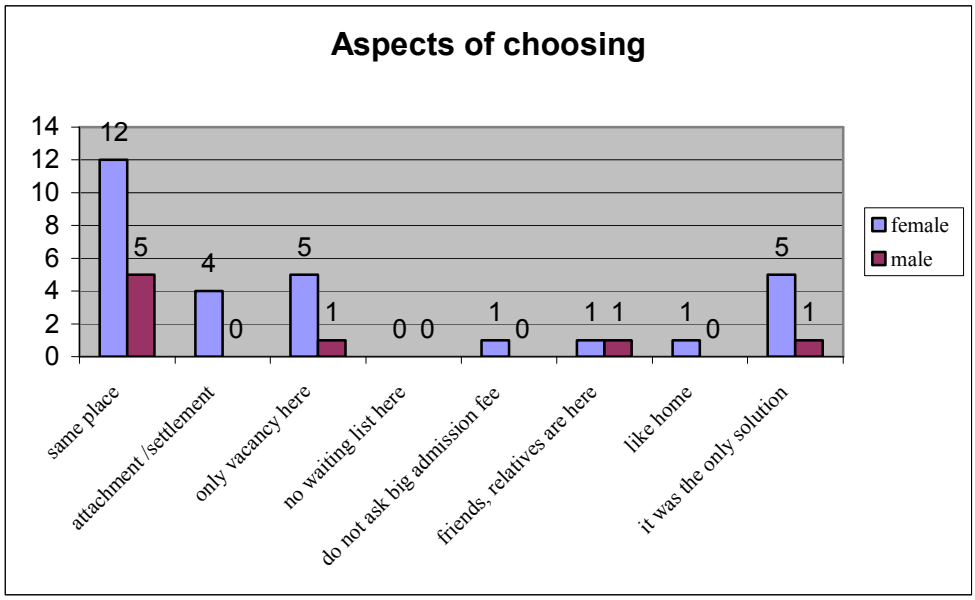
The institution can afford to pay for all the medicines for 11 residents, for 23 residents the institution can provide the medicines only partly, and for 2 residents it cannot provide any medicines at all, they have to buy them for themselves. One elderly woman does not need to take any medicines regularly.

The Aspects of Choosing an Institution

21 residents (57%) (16 women and 5 men) lived at the same settlement previously, they wanted to stay here, that is why they chose this institution. 5 women and 1 man chose this institution, because there was a vacancy only here. The man is a 75year old widower, who has lived in the institution for 11 years, he has only one child, who lives 20km away from the father, however, he is visited only once in a quarter of a year. A female resident chose this institution, because it was an important aspect for her that she did not have to pay a huge amount of admission fee when she was looking for a home. She is an 88year old widow, whose pension is very small, she has a national health card.

A 74year old woman and a 79year old man have a friend or an acquaintance in this home, that is why they chose this institution. Another 74year old woman chose this home, because she liked it, she thought it was cosy when making up her mind. She moved in 5 months ago. For 6 residents (5 women and 1 man) the institutional placement was the only solution at that time. The man is a 78 year old widower, he has lived in the home for 3 years, he gets upset when he is visited. He had to move into the home and he needed full provision.

Figure 24.



n=37

Who Chose This Home?

From the 37 residents 11 (30%) chose the institution for themselves. From them 3 women do not have any children, 2 men and 6 women have more children. There are 3 single childless women and 1 widow, who has one child, still alive and three children who died. For these four women their supporters chose the home. For 22 residents (59%) (16 women and 6 men) their children chose the home. From them 7 have one child, 15 have more children. In the institution 4 single residents (3 women and 1 man), and 33 widowed residents (26 women and 7 men) live.

Table 61.

	widowed		married		single		number of live children
	female	male	female	male	female	male	
their children chose the home	4	2	-	-	-	1	1
	12	3	-	-	-	-	more
	-	-	-	-	-	-	0 any
the supporter chose the home	-	-	-	-	-	-	1
	1	-	-	-	-	-	more
	-	-	-	-	3	-	0 any
total	24 clients 70%						
they themselves chose the home	-	-	-	-	-	-	1
	6	2	-	-	-	-	more
	3	-	-	-	-	-	0 any
total	11 clients 30%						
total	26	7	-	-	3	1	
total	33		-		4		

n=37

How often are the Residents Visited?

3 female and 2 male residents are visited every day, their children all live very near to the home. 12 women and 3 men are visited once a week, among them there is a childless 72year old widow, who had lived in the same town before she moved into the home, so she has a lot of acquaintances who visit her regularly. 3 women and 2 men are visited twice a week, among them there is a childless woman, whose supporter chose this home for her. 5 women are visited once a month and another 5 women are visited twice a month. There is a 75year old man, who has one child, he has lived in the home for 11 years, he is visited once in a quarter of a year, although his child lives only 20km away from him. There is a 74year old childless widow, who moved in 5months ago, she has not been visited since then.

From the answers given by the residents it is clear that those who have lived in the home for a longer time are not visited as often as those residents who have lived in the home for a shorter time. For example, a woman, who moved in a month ago, is visited every day, her only child lives very close to her, while those residents, who have lived in the home for 10-14years, are visited once a month, or another man, who has lived in the home for 11years, is visited only once in a quarter of a year.

The residents were asked how they felt after the visits. 15 women and 4 men get calm, 11 women and 5 men look forward to the visitors, 4 women and 2 men get upset. An 83year old widow, who has lived in the home for 7years, answered that the visits did not mean anything for her emotionally. There is a 77year old childless woman, who is never visited.

Most of the elderly people welcome anybody in the home, with whom they can talk, who listens to them. It is really important for the elderly people living in a home to keep in touch with the outer world.

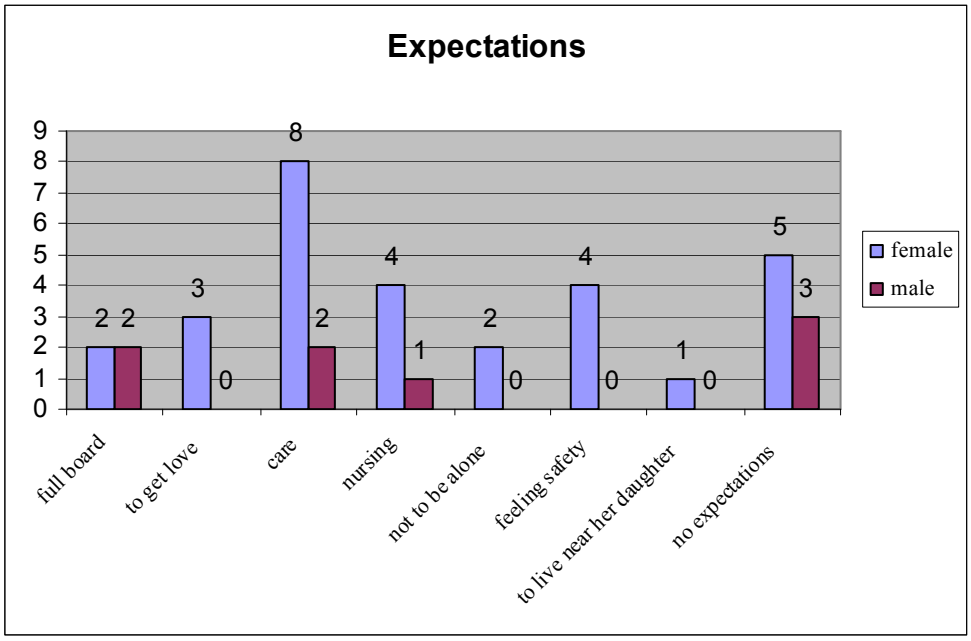
Expectations in Connection with the Home

The residents were asked about their expectations in connection with the home before moving in. 27% of the residents (8 women and 2 men) answered that their main expectation had been to be looked after in the home, 14% (4 women and 1 man) answered that they needed nursing, 11% answered that they needed full provision, which they get in this home, and another 11% answered that they needed the sense of safety.

2 women answered that they had moved in the home not to be alone. One of them is a childless 92year old single woman, who has lived in the home for 8 months, she had lived in her own home, before she moved in. The other is a childless 77year old single woman, who has live here for 4 years, her supporter chose this home for her. There is another 92year old widow, who moved in one month ago, her child chose the home for her who visits her daily, so when she chose the home, it was an important aspect for her to be close to her daughter.

There are 3 men, aged 78, 78, 79, they did not have any expectations in connection with the home, one of them chose the institution for himself, and for the other two men, their children chose the institution. There are 5 female residents, aged 62, 77, 86, 88, 91, they did not have any expectations in conncetion with choosing the home. From these 8 residents, 6 residents were chosen the institution by their children, so I suppose this is the reason why they did not have any expectations in connection with the home when moving in. Only 2 residents chose the home for themselves, both of them had lived in the same town before.

Figure 25.



n=37

Free Time Activities

In this home an occupational therapist is not employed, so it is the nurses' and the social workers' duty to organize the free time activities. This institution is not maintained by the church; still it is important for 59% of the residents (17 women) to be able to take part in the services. 75% of the women take part in the free time activities (counting, drawing, reciting poems). Almost 50% of the women like taking part in doing exercises and talking to each other. There are only 3 women, who do not take part in any activities; they are 92, 77 and 77years old. One of the 77year old women does not leave the room during; the other two are able to move in a satisfactory way.

It is more difficult with the male residents, because none of them take part in any organized activities because of their laziness. They just prefer sitting and listening to the radio or watching TV and talking. 21 female residents watch TV during the day, and only few like listening to the radio. 16 female residents go to various free time activities, but only to watch them, such as needlework, sewing and weaving. 11 female residents do not take part in free time activities. However, 2 women and 3 men take part in every free time activity or organized programme, time flies quicker in this way, and these programmes add colour to their lives. A 78year old woman takes part in most of the programmes; she is in good physical condition, leaves the institution and goes out more times a week.

Table 62.

active participation			passive participation		
	female	male		female	male
mass	17	-	watching tv	21	5
activities	22	-	listening to the radio	6	8
singing	4	-	creative activities	16	2
gymnastic	14	-	doing nothing	11	3
conversation	13	-	everithing	2	3
doing nothing	3	8			

n=37

Opinion about the Food

The elderly home does not have its own kitchen, so a kitchen in the town supplies all the people eating in various institutions with cooked meals. From the 37 residents 14 answered that they often got food which they liked, 13 said that the meals were varied, and another 13 said that the meals were delicious. Nobody said that the food was appetizing or too fatty. One resident said that the bakery products

were fresh, and another one that there is too much carbohydrate in the food. Nobody said they did not like the meals.

23 residents answered that they were also involved in planning the meals (18 women and 5 men), 10 residents said that their requests were taken into consideration when planning the meals. Only 5 residents buy supplementary food in the shop, for the others it is enough what they get. 13 residents are often brought food by their relatives. 9 residents (8 women and 1 man) said that nurses brought food for them from their homes.

How much do They Move?

In the survey the residents were asked how much they moved during the day? The residents in this home are in good physical condition, because 34 residents (26+7+1) (92%) are able to go to the terrace, to the garden, and 1 woman is able to go out, she is a 77year old childless widow, she has always lived in this town. Nobody is bedbound. One resident is not able to leave the room; she is a 77year old single woman, who has lived in the home for 4 years. 2 residents are not able to leave the building, they can move only inside the building. One of them is an 88year old widow, whose supporter chose this institution; the other is an 82year old man, who has lived in the home for 4 years.

The residents were also asked how often they left the institution. 20 residents (18 women and 2 men) do not leave the home, 8 residents (22%) leave the home once a week, 7 residents (19%) have never left the home since they moved in, they are 5 widows, a widower and a single woman. From them 2 elderly women can only move in a wheelchair.

Table 63.

dailiy moving area			how often do they leave the home		
	female	male	female	male	
does not leave the bed	-	-	6	1	never since they moved in
does not leave the room	1	0	0	1	every day
moves only inside the building	1	1	-	-	every second day
goes to the yard, terrace	26	7	0	1	three times a week
leaves the home, goes out	1	-	5	3	once a week
			18	2	very rarely
total	29	8	29	8	total
total	37		37		total

n=37

Free Time Activities

The residents were asked how they spent their days. 79% of the female residents take part in various activities, which are organized by the nurses; these programmes are included in the daily routine. Most of the residents listen to the radio or watch TV. Only 13% of the residents (4 women and 1 man) read daily papers, books. Most ederly people have bad eyesight, so they do not like reading. Physical activities, such as looking after the garden or the flowers are not very popular, nobody looks after the garden, and there is only one woman who likes looking after her plants in the room.

Life Functions

The residents were asked about their life functions. Six life functions were included in the survey, and the possible answers were good, satisfactory or bad. 9 residents have good eyesight (8 women and 1 man), 18 have satisfactory (14 women and 4 men), and 10 have bad eyesight (7 women and 3 men). 18 residents (16 women and 2 men) have good hearing, 12 have (9 women and 3 men) satisfactory hearing, and 7 residents (4 women and 3 men) have bad hearing. Only 8 women have good movement, 10 residents (9 women and 1 man) have satisfactory movement, 19 residents (12 women and 7 men) have bad movement. 16 residents (14 women and 2 men) can chew well, 7 female residents can chew in a satisfactory way, and 14 residents (8 women and 6 men) can chew badly. 6 residents (5 women and 1 man) have good balance, 16 residents (14 women and 2 men) have satisfactory balance, and 15 residents (10 women and 5 men) have bad balance. 21 residents (16 women and 5 men) have good orientation, 11 residents (9 women and 2 men) have satisfactory orientation, and 5 residents (4 women and 1 man) has bad orientation.

To sum up, there are more good life functions (78) than satisfactory (74) or bad (70) life functions. The difference is minimal. There is only one resident who has six good life functions, she is an 80 year old widow, although she takes medicines every day for the doctor’s order, only her teeth are false. Nobody has six bad life functions.

Table 64.

	good		suitable		bad		total
	female	male	female	male	female	male	
vision	8	1	14	4	7	3	29/8
hearing	16	2	9	3	4	3	29/8
moving	8	-	9	1	12	7	29/8
chewing	14	2	7	-	8	6	29/8
equilibrium	5	1	14	2	10	5	29/8
orientation	16	5	9	2	4	1	29/8

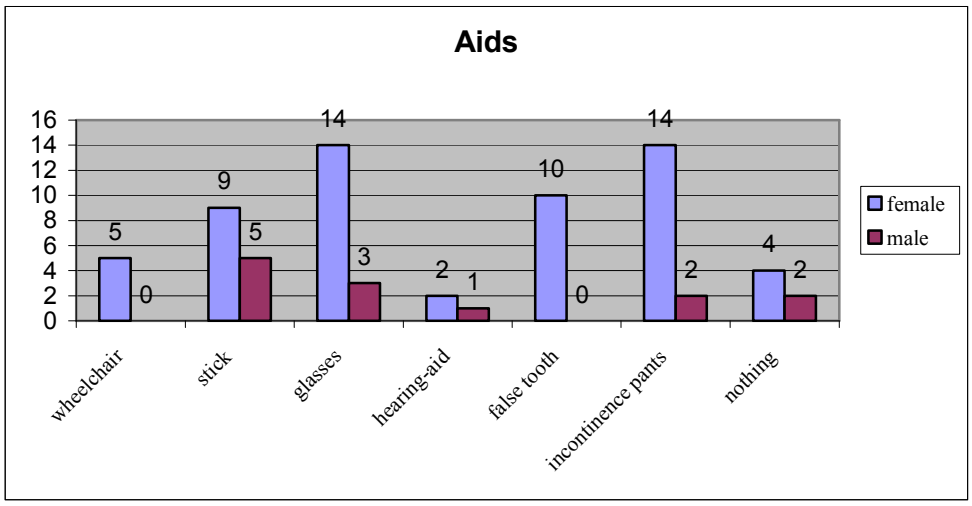
n=37

Aids

The residents were asked what kind of aids they used to make their lives easier. One resident uses more kinds of aids. 5 female residents use wheelchairs, 14 residents (9 women and 5 men) use sticks to help walking, the stick gives them the feeling of safety, their balance is better. Most elderly people wear glasses, which is not connected to old age, wearing glasses does not depend on the age. 17 residents (14 women and 3 men) wear glasses. 3 residents (2 women and 1 man) have hearing aids. 10 female residents have false teeth. 43% of the residents (14 women and 2 men) have incontinence, they wear incontinence pads. 4 female and 2 male residents do not need any aids.

From the six aids listed in the survey, 4 kinds are used by 4 female residents, 3 kinds are used by 4 women and 2 men, 2 kinds are used by 9 women and 1 man, and 1 is used by 8 women and 2 men.

Figure 26.



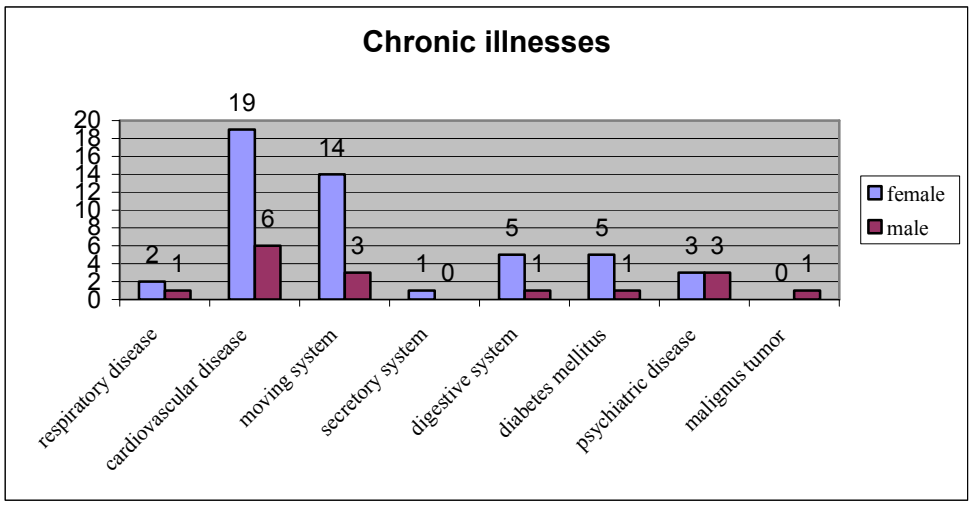
n=37

Chronic Diseases

Among the male residents 16 diseases occurred, the rate is 8:16=0,50. Among the female residents 48 diseases occurred, the rate is 29:48=0,60. These data show that female residents have more illnesses than male residents. The most common disease among men is the disease of the circulatory system, but 65% of the women also suffer from it. The second most common disease for both genders is the locomotor disease, 48% of women, and 37% of men suffer from it. 6 residents (3 women and 3 men) have psychiatric disease, another 6 residents (5women and 1 man) have diabetes, 6 other residents (5 women and 1 man) have disease of the excretory system.

One resident may have more kinds of chronic diseases. 2 residents use wheelchairs, 8 women and 3 men have 3 kinds of chronic diseases, 11 women have 2 kinds of diseases, 6 women and 3 men have 1 chronic disease, however, 6 women and 1 man do not have any chronic diseases.

Figure 27.



n=37

Mini Nutrition Assessment

Screening

In the first part of the survey we did a screening to get a picture of the nutritional state of the residents. The nutritional condition of the 37 residents has been assessed by a test which was developed by the Nestlé Nutrition Istitute. The average weight of 34 residents is 68,29kg. The range of weight is 72 (116-44). The median is 65. The modus value is 63. 8 residents' weight is less than 55kg, they are 7 women and 1 man. There is not a big difference between the average weight, the

modus and the median statistically, the range is very big, the smallest body weight is 44kg, while the largest body weight is 116kg, both are women. The 44kg woman is 78years old, she has lived in the home for 6years, she uses a stick to walk, she has locomotor disease. The heaviest woman is 116kg, she has diabetes, she has lived in the home for 1,5years.

The mathematical average of body height is 161,78cm. The range is 30 (180-150), the tallest person is 180cm, the shortest is 150cm. The median value is 160. The modus value is 165,5. There is no difference between the mathematical average, the modus and the median from a statistical point of view. The average body height of the female residents is 158,48cm, that of the male residents is 173,75cm.

The BMI range is 28 (44-16), the difference is very big between the, biggest and the smallest BMI values. The mathematical average of the BMI is 25,40kg/m^2, for men it is 24,12kg/m^2, for women it is 25,75kg/m^2. There is not a significant difference between the values.

The average age of the 37 residents is 79,02years, that of women is 79,58 years. The oldest woman is 92years old, the youngest is 62, the range is 30 (92-62). The modus is 72,5years, the median is 78years. The average age of men is 77years, the range is 28 (87-59). The modus is 72,5years, the median is 78years. There is not a big difference between the ages.

All in all, the body weight and the body height of men are higher than those of women, but their average age is 2 years smaller than that of women. The female residents' average age (79,58) is a bit higher than the national average (76,89). The male residents' average age (77) is much higher thabn the national average (68,18). The average age of the residents (79,02) is seven years higher than the national average (72,4).

The first question in the survey was: have you eaten less food during the last three months because of loss of appetite, digestive problems, chewing problems or other problems? Nobody has bad appetite, 5 women and 2 men have medium appetite, 24 women and 6 men (30=81%) had good appetite in the last three months. 1 woman and 3 men lost more than 3kg in the last three months, 4 women and 1 man lost weight between 1-3kg. 23 women and 5 men (28=76%) did not lose any weight. Thus 81% of the residents have satisfactory appetite and 76% did not lose any weight.

According to the MNA assessment, 24 residents can move free, 5 residents are able to move in the building, but they do not leave the building. 7 women and 1 man is bed or chairbound, from them 5 women use wheelchairs.

From the answers given to the fourth question it is known that 7 residents (4 women and 3 men) had psychic stress or an acute illness in the last three months, while 30 residents (25 women and 5 men) (81%) did not. From the answers given to the fifth question it is known that 4 residents (3 women and 1 man) have neropsychiatric problems, severe depression or dementia, 10 residents have mild dementia, and 23 residents (62%) do not have such illnesses. According to the assessment 2/3 of the residents have a good neurologic state, 1/3 of the residents (14 people) have a neurologic illness.

Assessment

In the second part of the MNA assessment 12 questions deal with the residents' state. According to the answers given to first question of the assessment, nobody is independent, because all the 37 residents live in a residential home. Naturally, this means that they can look after themselves in the home, but most of them use aids and need assistance. 5 female residents use wheelchairs, and 14 residents use sticks to walk safely and to have a stabile sense of balance.

According to the answers given to the second question 24 women and 8 men take at least three kinds of medicines every day. 5 women do not take three kinds of medicines every day. 32 residents do not have pressure sores or skin ulcer, 5 residents have surface or deeper skin ulcers, but nurses use modern bandages and treat them well. All the 37 residents get meals three times a day. The residential ome does not own a kitchen, so the meals are delivered there. Sometimes even the inhabitants of the town bring fruit and vegetables from their gardens for the residents, which they like very much.

According to the answers given to the fifth question, it is known that 2 residents do not get the daily protein intake they need, 15 residents' protein intake is not enough, 20 residents have satisfactory protein intake. 19 residents eat sufficient fruit and vegetables, 18 residents (14 women and 4 men) do not get the satisfactory amount of fruit and vegetables. 15 residents (13 women and 2 men) have sufficient fluid intake, they drink more than five cups of liquid a day, it must be about 1 litre a day, which is just the minimum amount of the liquid they need. 17 residents drink 3-5 cups of liquid a day, this amount is not enough, but fluid intake is the worse in the

case of 5 women, who hardly drink any liquid. Fluid intake is very important at an elderly age for the mind and to have satisfactory orientation.

Nobody is unable to eat alone. 5 residents need some assistance with eating, 25 women and 7 men (32=86%) are able to eat alone. The residents think that they are not underfed. 30 residents (24 women and 6 men) think they do not have any problems with eating.

According to the answers given to the tenth question, 5 women and 5 men believe that their general state of health is worse than that of others in their age-group, 16 residents (13 women and 3 men) (43%) believe that their state of health is good or better than that of others in their age-group. 11 women did not answer correctly.

According to the answers given to the eleventh question, 24 residents have bigger mid-arm circumference than 22cm, and only 7 residents have smaller than 21cm, 6 residents have 21-22cm. 9 women and 2 men have smaller calf circumference than 31cm, 26 residents (20 women and 6 men) have bigger calf circumference than 31cm.

Table 65.

sex		**weight kg**		**height cm**		**age**	
female		66,58kg		158,48cm		79,58year	
male		74,50kg		173,75cm		77year	
I. Screening (subtotal max. 14 points)							
1. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?							
0 = severe loss of appetite		1 = moderate loss of appetite		2 = no loss of appetite			
f	m	f	m	f	m		
-	-	5	2	24	6		
2. Weight loss during the last 3 months							
0 = weight loss greater than 3kg		1 = does not know		2 = weight loss 1-3kg		3 = no weight loss	
f	m	f	m	f	m	f	m
1	3	1	1	4	1	23	3
3. Mobility							
0 = bed or chair bound		1 = able to get out of bed		2 = goes out			
f	m	f	m	f	m		
7	1	2	3	20	4		
4. Has suffered psychological stress or acute disease							
0 = yes		2 = no					
f	m	f	m				
4	3	25	5				
5. Neuropsychological problems							
0 = severe dementia or depression		1=mild dementia		2=no psychological problems			
f	m	f	m	f	m		
3	1	8	2	18	5		
6. BMI							
BMI less than 19		BMI 19-20		BMI 21-22		BMI over than 23	

f	m	f	m	f	m	f	m
2	2	2	0	7	0	18	6

II. Assessment (subtotal max. 16 points)

1. Lives independently (not in a nursing home or hospital)

1 = yes		0 = no					
f	m	f	m				
0	0	29	8				

2. Takes more than 3 prescription drugs per day

0 = yes		1 = no					
f	m	f	m				
24	8	5	0				

3. Pressure sores or skin ulcers

0 = yes		1 = no					
f	m	f	m				
3	2	26	6				

4. How many full meals does the patient eat daily?

0 =1 meal		1 = 2 meal		2 = 3 meal			
f	m	f	m	f	m		
-	-	-	-	29	8		

5. Selected consumption markers for protein intake

0 = at least one serving of dairy products (milk, cheese, yoghurt) per day		0,5 = two or more servings of legumes or eggs per week		1 = meat, fish or poultry every day			
yes	no	yes	no	yes	no		
f	m	f	m	f	m		
1	1	13	2	15	5		

6. Consumes two or more servings of fruits or vegetables per day?

1=yes		0 = no					
f	m	f	m				
15	4	14	4				

7. How much fluid (water, juice, coffee, tea, milk, ..) is consumed per day?

0,0 = less than 3 cups		0,5 = 3 to 5 cups		1,0 = more than 5 cups			
f	m	f	m	f	m		
5	-	11	6	13	2		

8. Mode of feeding

0 = unable to eat without assistance		1 = self-fed with some difficulty		2 = self-fed without any problem			
f	m	f	m	f	m		
0	0	4	1	25	7		

9. Self view of nutritional status

0 = views self as being malnourished		1 = is uncertain of nutritional state		2 = views self as having no nutritional problem			
f	m	f	m	f	m		
0	0	5	2	24	6		

10. In comparison with other people of the same age, how does the patient consider his/her health status?

0,0 = not as good		0,5 = does not know		1,0 = as good		2,0 = better	
f	m	f	m	f	m	f	m
5	5	11	0	8	2	5	1

11. Mid-arm circumference (MAC) in cm

0,0 = less than 21		0,5 = 21-22		1,0 = 22 or greater			
f	m	f	m	f	m		
6	1	5	1	18	6		

12. Calf Circumference (CC) in cm

0=CC less than 31		1=CC 31 or greater					
f	m	f	m				
9	2	20	6				

n = 37

According to the first part of the MNA screening 18 residents have points between 12-14, which is an acceptable result, there are no risks. They are 16 female and 2 male residents. 19 residents have 11points or less, their state is not satisfactory, they might be malnourished. They are 13 female and 6 male residents. All in all, half of the residents have a satisfactory nutrition state, while the other half is malnourished. This state reflects what the resident's ability to move, appetite and psychic state are like on the basis of the body weight and the height.

According to the total points of the MNA test, 5 residents' results are under 17points, they are 3 women and 2 men. They are malnourished. 17 residents (14 women and 3 men) received points between 17,5 and 23,5, they face the risk of malnutrition. Only 13 residents (10 women and 3 men) got points over 24, they are properly nourished. Among women the fewest points were16, it belongs to a woman who suffers from severe dementia and incontinence, her arm and calf circumferences are far below the optimal value. 3 women had the highest points, 26,5. Among men the fewest points were 9,5. The man's BMI value is 16, his body weight is 48kg, he is 79 and he has incontinence. The highest points were given to a 77year old man, 26,5points, his BMI value is 24.

4.1.7. Residential Home for Elderly People Run by a Foundation

This residential home opened in 1994, 15 years ago, and accommodates 27 elderly people. 2 residents have lived here since it was opened. It is situated in the outskirts of a city. It used to be a family house, the owner was an elderly woman, who offered her house and garden for the purpose of a residential home for elderly people, and wished to live there and being looked after until she was alive. First the home was big enough only for 10 people, later it was extended and altered. From the 27 residents 26 are women and 1 is a man. 24 residents took part in the research. The average age of the residents is 74years, in the case of women it is 73,82years, in the case of the man it is 78years. The range in age is very big, the youngest residents only 34years old, the oldest is 89years old, so the range is 55 (89-34). The modus value is 83,5. The median is 77,5. The statistics for the Hungarian average age is similar to the average of the examined population, namely women reach a higher age than men.

There are five female residents, who are single; they do not have a spouse, a child or any relatives. One female resident is married, she is 68years old, she has lived in the home for nine months, but her husband does not live in the home. There are 18 widowed residents, 17 widows, and 1 widower. The widower is 78years old, he has lived in the home for 6years, he has one child, who lives quite near him, within 10km, and he visits him once a week. The man chose the institutional placement for himself, and when this happened, the only vacancy was here, that is why he came to this home.

The youngest is the 34year old woman; she is single and has lived here for one year. She is disabled, so she is unable to live alone, she does not have any family members or parents to look after her. She chose the home for herself, she had lived in this area before, and she knew the house. She understood that after losing both parents her only solution is moving into a home.

The three oldest residents are all women, they are all 89years old, one has lived in the home for 15years, the other has lived here for 6years, and the third one has lived here for 4years.

Table 66.

	single	widowed	married	total	average age
female	5	17	1	23	73,82 years
male	-	1	-	1	78 years
total	5	18	1	24	74 years

n=24

From the 24 residents 2 lived in another home previously. The 56year old single woman, who does not have a child, has lived in the home for one year, but previously he lived in another home for 5years. One of her family members came to this home, and she wanted to be with him/her, her supporter chose this home for her. She likes living here; she is visited twice a week. The other resident is a 54year old widow, who has lived here for one year, but previously she lived in another home for 2years. She has two children, her children chose this home for her, and she is visited once a week, because both of her children live quite near the home.

Table 67.

	number of residents		number of children		number of children alive		number of dead children	
the residents have	female	male	female	male	female	male	female	male
1 child	2	1	2	1	1	1	1	-
2 children	6	-	12	-	12	-	-	-
3 children	7	-	21	-	17	-	4	-
4 children	1	-	4	-	3	-	1	-
no children	7	-	-	-	-	-	-	-
total number of children	23	1	39	1	33	1	6	-
child:adult rate			1,05					

n=24

In this home from the 24 residents nobody answered that they were visited every day. Although it is not easy to get here, the stop of the public transport is about 1km far away; the home is situated at the edge of the city. The building has two floors, a garden, a yard. At least once or twice a week 19 residents (79%) are visited. 13 residents' children (54%) live within 10km, 3 residents children live within 50km, and it is only one resident's only child lives 320km away, this woman has not been visited since she moved in, for 15years. 7 residents do not have any children, but 6 of them are visited, only the 68year old married woman is not visited, she does not have a child, but she has lost the contact with her husband since she moved in, for 9months. Besides her, three other women have not been visited since they moved in, the 59year old woman has not been visited for 4 months, the 81year old woman who has lived here for 15years, and the 88year old woman, who has lived here for 9years. All in all, most of the residents, 83% are visited; only 4 residents have not been visited since they moved in. For them the other residents and the staff of the home mean all their personal relationships.

Table 68.

	distance from children				
frequency of visits	0-10km	11-50km	more than 51km	do not have children but somebody visits her/him	total
daily	-	-	-	-	-
once a week	3	1	-	2	6
twice a week	9	1	-	3	13
once a month	-	-	-	1	1
never so far	1	1	1	1	4
total	13	3	1	7	24

n=24

The Amount of Old Age Pension

The average pension of the 24 residents is 69 904HUF (254Euros) a month. There is a significant difference between the amount of pension between men and women. The average pension of women is 69 178HUF (251Euros) a month, the pension of the only male resident is 86 600HUF (315Euros) a month. In Hungary the average monthly pension of women was 69 352HUF (252Euros) in 2008, the average monthly pension of men was 81 248HUF (295Euros) according to the statistics. The average pension of women living in the home is the same as the national average a month. The only male resident's average monthly pension is a bit higher than the national average.

6 residents have been pensioners for 0-10years, their average pension is 69 452HUF (252Euros) a month, 6 residents have been pensioners for 11-20years, their average pension is 68 509HUF (249Euros), another 5 residents have been pensioners for 21-30years, their average pension is 69 595HUF (253Euros), and 7 residents have been pensioners for 31-40years, their average pension is 71 708HUF (261Euros). There is not a big difference between the number of years in retirement and the amount of pension.

The highest amount of pension is 103 430HUF (376Euros), the smallest pension is 33 720HUF (123Euros). The range is 69 710 (103 430-33 720), the difference between the maximum and the minimum is very high. The median value is 70 494HUF (256Euros), the modus value is 69 999HUF (255Euros). The mathematical average is 69 904HUF (254Euros). There is no difference between the average pension, the modus and the median.

The residents have to pay 80% of their pension every month for the services in the home. After paying the compulsory fee, the residents have 17 295HUF (63Euros) left every month for their own expenditure. The residents own this amount

of money. This sum is very small, only 577HUF (2Euro) per day in average, for coffee, cakes, or other additional food.

It is extremely important that elderly people should have some money saved for their old age. One resident answered that she had saved some money. She is the youngest, she has the highest pension, she is the 34year old single woman, who does not have a child, and whose pension is 103 430HUF a month. Nobody gets any financial support from anybody. They have to live on the small sum that is left to them.

Table 69.

number of years in retirement		0-10 years	11-20 years	21-30 years	31-40 years	total
female	number	6	5	5	7	23
	average pension	69452HUF (252Euro)	64890HUF (235Euro)	69595HUF (253Euro)	71708HUF (260Euro)	69178HUF (251Euros)
male	number	-	1	-	-	1
	average pension		86600HUF (314Euro)			86600HUF (314Euro)
total						69904HUF (254Euros)

n=24

Table 70.

		average pension	obligatory fee/month	left to the person	left average
female	average	69178HUF (251Euro)	80%	17295HUF (63Euro)	17295HUF (63Euros)
	maximum	103430HUF (376Euro)		25856HUF (94Euro)	
	minimum	33720HUF (122Euro)		8430HUF (31Euro)	
male	average	86600HUF (314Euro)		21650HUF (79Euro)	21650HUF (79Euros)
	maximum				
	minimum				
average					

n=24

The National Health Card

From the 24 residents, almost 30%, namely 7 have a national health card. 9 residents should be entitled to get a national health card, because their monthly pension is small. From them 5 got the cards. For the other 4 residents the home has to start the application process. With the help of this card the residents can get their medicines free of charge for one year. After one year the card must be renewed. Two residents have such a small pension, which is the minimum for the national health card, but they own this card. This card can be used only for buying medicines. The

minimum amount of pension is 67 000HUF/month /person to be entitled to get the card.

Taking Medicines

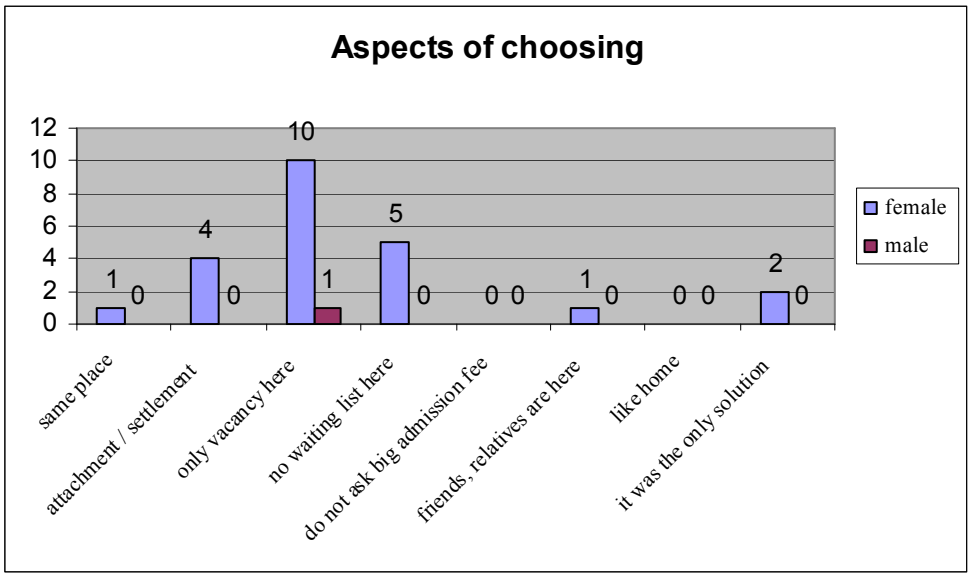
From the 24 residents 23 regularly take medicines prescribed by the doctor. Only the 59year old woman is an exception, she does not have to take any medicines. The home can provide all the necessary medicines for the 23 residents. The 59 year old woman takes medicines only occasionally, the home also provides them. For the 77year old widow the home can partly provide the prescribed medicines, she has to buy the rest herself. She is not entitled to have a national health card because of her relatively high pension (75 768HUF/month).

The Aspects of Choosing an Institution

This institution is very far from the city centre, it is situated at the edge of the city in an extended and altered detached house. It is a very modest house; the upstairs was added to it during the extension. It has a yard and a garden. The garden is not looked after very well. It is a quiet and peaceful area. There is always a vacancy for those who want to move in. 46% of the residents came to this home, because this was the only place with a vacancy at that time. They are 11 residents (9 widows and 2 singles). 21% of the residents had lived in this area or in the city that is why they chose this institution. Another 21% of the residents (5 women) came here, because there was no waiting list in this home. One resident had an acquaintance here that is why she chose this home; she is the 59year old single woman.

She is not even at the age of retirement, she is on disability pension. For two women the only solution was moving into the home. The 34year old disabled single woman moved in one year ago, she chose this institution for herself. The 70year old single woman also chose the institution for herself, she moved in a year ago. Nobody chose the home because they liked it. Nobody answered that they chose the home because they did not have to pay a big amount of admission fee before moving in. Thus everybody decided how much money they could pay to the foundation, it was not obligatory, but recommended, however, it is not an official condition of being admitted.

Figure 28.



n=24

Who Chose This Home?

19 residents (79%) chose the institution for themselves, they themselves wanted to move in and continue their lives here. It is very important that the residents were not forced to do this change; nobody forced them to move in. From the 5 single women 4 chose the home for herself, and for the fifth woman her supporter chose the home. None of them have any children. The 56year old single woman has a supporter, she does not have a child, she moved in a year ago. For 5 residents their relatives chose the institution, in 4 people's case their children chose it, for one, her supporter. They might have discussed the reasons of moving into the home with the elderly person, and she accepted the decision, because it was the only solution for her satisfactory care. The only male resident also chose the institution for himself. The married woman, who moved into the home alone, also chose the institution for herself, she has not been visited since moving in, for nine months, she does not have a child.

Table 71.

	widowed		married		single		number of children alive
	female	male	female	male	female	male	
their children chose the home	-	-	-	-	-	-	1
	4	-	-	-	-	-	more
	-	-	-	-	-	-	0 none
the supporter chose the home	-	1	-	-	-	-	1
	-	-	-	-	-	-	more
	-	1	-	-	1	-	0 none
total	5 residents 21%						

they themselves chose the home	2	1	-	-	-	-	1
	10	-	-	-	-	-	more
	1	-	1	-	4	-	0 none
total	19 residents 79%						
total	17	1	1	-	5	-	
total	18		1		5		

n=24

How often are the Residents Visited?

From the 24 residents nobody is visited every day, although most of the residents' relatives live quite near the institution. 13 residents (54%) are visited twice a week, 6 residents (79%) are visited once a week, which is quite high, there is one resident, who does not have a child, but she is visited once a month by her relatives. She is the 73year old single woman, whose sisters do not live very far (30-50km), and has lived in the institution for 6 years. 4 residents have never been visited since they moved in, one of them does not have a child, she is 68years old, married, but their relationship ended because of her illness. Her husband is not in contact with her. She has lived in the institution for 9 months. The 4 female residents, who have never been visited since they moved in, chose the home for themselves.

All the 20 residents get calm after the visits, this is important because of keeping their mental balance. The 4 residents, who have never been visited, do not even expect any visitors. They accept this situation. Two of them have lived in the home for less than a year, one of them has lived here for 9years, and the fourth one has lived in the home for 15years, since the home opened. It is very important for the residents who move into the home not to lose contact with former family members, acquaintances and to keep in contact with the outer world. The elderly people are not able to go out easily from this home, because although the home has a car, it is used by the management, and the stop of the public transport is 1km away from the home. This is a big distance for the residents, which they are not able to make on foot and alone.

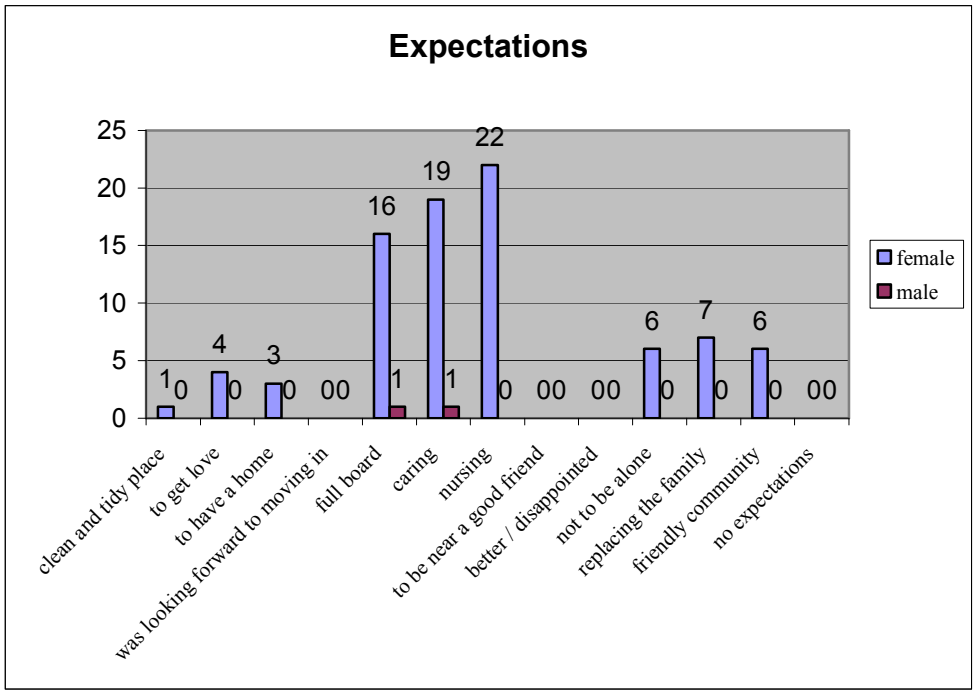
The residential home does not organize programmes for the residents, they are not taken out, they do no accept visitors from other homes, nursery homes, schools, etc. In this home the most important aspect is caring; the director did not mention any specific jobs in the home. They do not employ an occupational therapist.

Expectations in Connection with the Home

The residents were asked about their expectations before moving into the home. Most of the elderly people living in the home chose it to get provision and care. For 23 residents the most important expectation was to be looked after, to be cared and to get full board. This is their most important expectation at this age, to have their needs fulfilled and get some assistance. They feel safe because of the permanent nursing control. For 6 residents it was important not to be alone, for 7 residents this home compensates their families, and another 6 residents wanted to find friendly environment here. For two women this home has become their real home. A 59year old widow longed for a home when she came here; she has never been visited for 4 months, since she moved in, although she has two children, who live quite near her.

According to the director's opinion, only 7 residents are able to look after themselves, for self-care, 12 residents partly need assistance, 8 residents are not able to look after themselves, they need constant care and assistance.

Figure29.



n=24

Free Time Activities

The residents are provided with all the things they need in the home, so it is important not to let them live a passive life. A stimulating environment would keep the residents mentally active; they should be supplied with a lot of information in order to keep their good orientation abilities. This home does not employ an occupational therapist, who could organize the individual activities of the residents. There is no active community life, no place or room for free time activities, there are no board games, or other things which might help these elderly people spend their free time in a pleasant way.

According to the answers of 14 residents they do not do anything. During the day they just sit or lie in their rooms quietly. It is also and important fact that 14 residents are able to move only inside the building, from them 5 residents are not able to leave their beds, 4 residents are not able to leave their rooms. Most of the residents have a bad physical and mental state, it is difficult to involve them in the activities, although the home does not do everything to provide them a varied daily routine and add colour to their lives.

Table 72.

active participation			passive participation		
	female	male		female	male
mass	3	-	doing nothing	15	1
doing nothing	13	1	religious classes	2	-
singing	2	-	birthday programmes	6	-
conversations	1	-			
needlework	2	-			
cleans his/her own room	2	-			

n=24

Opinion about the Food

The home does not have its own kitchen, the meals are delivered there, there is only one person employed in the kitchen, whose duty is to warm up and divide the food. In summer there was an enteral contamination. 19 residents believe that the food is delicious, 3 believe that it is appetizing, and 2 think that it is varied. 12 residents answered that they were also involved in preparing the food; they can help with serving it. Nobody answered that their demands and requests were taken into account by the staff of the kitchen which cooks the meal. This kitchen is operated in a nearby industrial area, it is privately owned and cooks and delivers meals for

several institutions. 14 residents also get food from their relatives, and 4 residents answered that they buy supplementary food in the private shop opposite the home.

How much do the Residents Move?

The residents were asked how much they moved, how much their daily moving area was. These residents have a restricted moving area. 5 residents (21%) are able to leave the institution, they are all between 70 and 80, so they are not the younger ones. 5 residents are able to go to the yard, the garden and the terrace alone. 5 residents (21%) are able to move only inside the building, they are not able to go even to the terrace. 3 female and 1 male residents are not able to leave the room, the man has decubitus. 5 women are bed bound, one of them has decubitus. 42% of the residents are able to leave the building, 58% are able to move only inside the building during the day. Two residents have decubitus, one of them is an 89year old woman, she has lived in the institution for 4 years, the other is a 78year old man, he has lived here for 6years.

Table 73.

daily moving area			how often do they leave the home		
	female	male	female	male	
does not leave the bed	5	-	13	1	never since they moved in
does not leave the room	3	1	-	-	every day
moves only inside the building	5	-	-	-	every second day
goes to the garden, the terrace	5	-	-	-	three times a week
is able to leave the building, goes out	5	-	2	-	once a week
			8		very rarely
total	23	1	23	1	total
total	24		24		total

n=24

Free Time Activities

The residents were asked how they spent their free time. For 20 residents watching TV is the main activity during the day, 14 residents like listening to the radio. That is all the residents do in this home in their free time. There is no community room, there are no special tools for improving their creativity, there is no occupational therapist employed. 4 residents do needlework, 3 residents read daily papers or books, 2 residents look after their flowers. It is only the 34year old single

woman, who takes part in the sewing club, which is organized by the head of the home. The director says the only existing activities are sewing and looking after the garden. The residents are looked after carefully, with a lot of empathy by the staff, but these elderly people should be offered more activities for self-realization. Active and passive moving is essential, physical activity helps to preserve their mental fitness.

Life Functions

The residents were asked about their most important life functions. The residents were asked about six life functions; they were eyesight, hearing, moving, chewing, balance and orientation. According to the answers most residents have six satisfactory or bad life functions. 5 residents have good eyesight, 15 have satisfactory and 4 have bad eyesight. 5 residents have good hearing, 12 have satisfactory and 7 have bad hearing. 2 residents have good moving, 7 have satisfactory and 15 have bad moving. 3 residents are good at chewing, 14 are satisfactory and 7 are bad at chewing. Only one resident has good balance, 8 have satisfactory and 15 have bad balance. 2 residents are good at orientation, 9 are satisfactory and 13 are bad at orientation.

There is not a single resident, who has six good life functions. 2 residents have six bad life functions, one of them is the 78year old man who has lived in the home for six years, he chose the home for himself, and at that time the only vacancy was in this home. The other one is the 68year old married woman, she has lived in the home for 9 months, she does not have a child, and she has not been visited since she moved in.

Table 74.

	good		satisfactory		bad		total
	female	male	female	male	female	male	23/1
vision	5		15		3	1	23/1
hearing	5		12		6	1	23/1
moving	2		7		14	1	23/1
chewing	3		14		6	1	23/1
balance	1		8		14	1	23/1
orientation	2		9		12	1	23/1

n=24

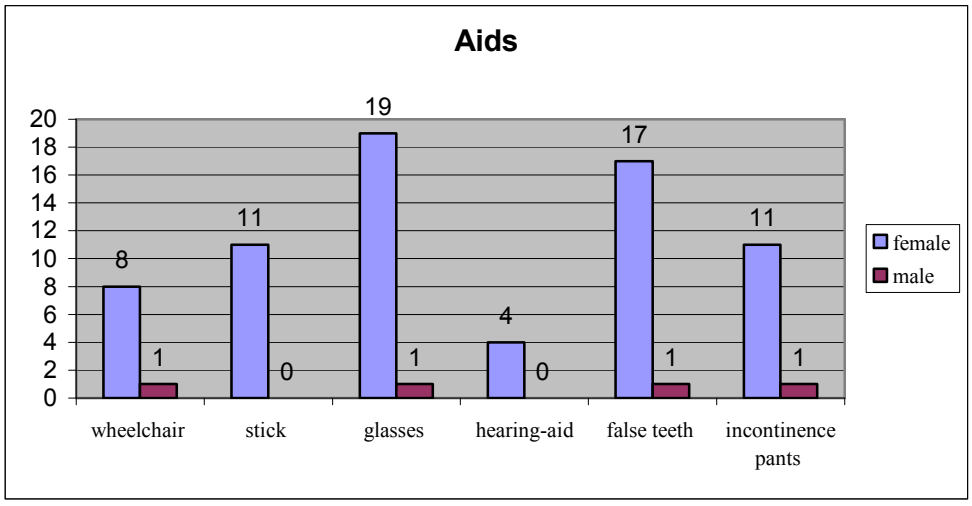
Aids

A high number of residents use some kind of aids. One resident may need more aids. They are wheelchairs, sticks, glasses, hearing–aid, false teeth and

incontinence pants. One resident needs all the six aids, she is the 68year old married woman, she has lived in the home for 9 months without her husband, and nobody has visited her since she moved in. 3 residents use five types of aids, the 86year old bed bound woman, who has lived in the home for 4years. The other is the 87year old woman, who has lived in the home for 7months, she has not left the institution since she moved in, and she had lived in this area before moving in. The third one is the 65 year old bed bound woman, who has lived here for 3months, she has not left the home since she moved in. 6 residents use 4 types of aids, another 6 residents use 3 kinds of aids, 5 residents use two types of aids, and 1 resident uses only one kind of aid. 2 residents do not use any aids at all, one of them is the 81year old woman, who has lived here for 15years, since the home opened. The other one is the59 year old woman, who has lived here for 5years.

20 residents wear glasses, 18 residents have false teeth, but using these aids does not depend on the age. 12 residents (50%) have incontinence, they wear incontinence pants. From the 24 residents, 9 can only move in wheelchairs. The average age of the residents is high, 74 years, but they are weak.

Figure 30.



n=24

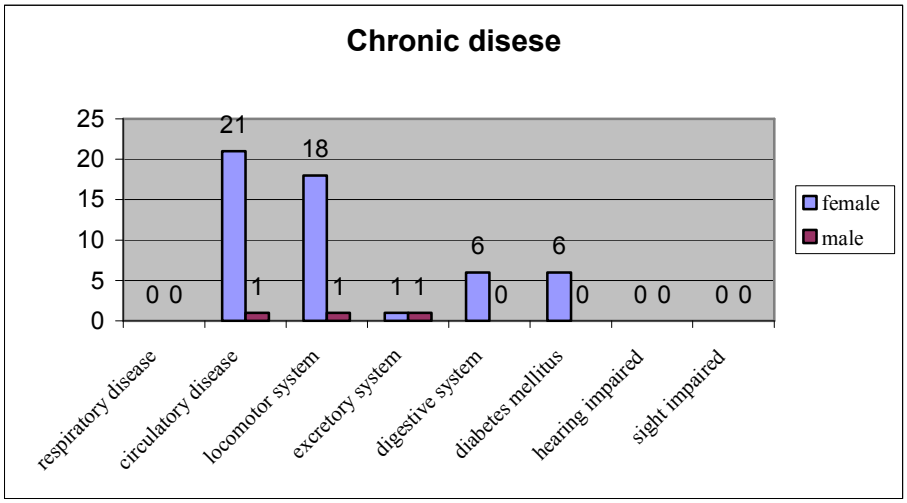
Chronic Illnesses

There have been several chronic illnesses listed in the survey, and one person may have several chronic diseases. 6 residents (25%) have diabetes, but the institution does not employ a dietitian, he or she does not even visit the patients voluntarily. Another 6 residents (25%) suffer from an a chronic disease of the digestive system, although all the residents have the same food. 22 residents (92%)

suffer from circulatory diseases, 19 residents (79%) suffer from chronic diseases of the locomotor system.

One resident suffers from four kinds of chronic illnesses, the 68year old married woman, who possesses all the six kinds of aids listed in the survey. 7 residents have three kinds of chronic illnesses, from them two have decubitus. 15 residents have two types of chronic diseases. One resident, an 81 year old woman does not have any chronic illnesses, she does not use an aid, and she is able to fulfil her needs individually.

Figure 31.



n=24

Mini Nutrition Assessment

Screening

The nutritional condition of the 24 residents has been assessed by a test which was developed by the Nestlé Nutrition Institute. The range of the body weight of the residents is 68 (98-30). The median value is 63. The modus value is 60,5. The mathematical average of the body weight is 63,7kg. The body weight of the only male resident is 60kg. The average weight of female residents is 63,8kg, the heaviest woman is 98kg, and the lightest is 30kg. The lightest is the 86 year old woman, she is very short, only 135cm. The range of the body height is 35 (170-135). The body height of women is 155cm; the body height of the man is 155cm. The average body height is 155cm. The median value is 158. The modus value is 158. There is not a significant difference between the average values of body weight and body height, modus and median. The BMI range is 21 (35-14). The highest value is 35, the smallest is 14. The median of the BMI values is 26, the modus is 25,5. 3 residents

have a smaller BMI value than 20, 3 residents have a higher BMI value than 31. 18 residents have their BMI value between 21 and 31. The average body height is the same for the women and for the man, the body weight of women is higher than that of the man. The age of the only male resident is higher (78years) than the average of female residents (73,82years).

The first question in the survey was: Have you eaten less food during the last three months because of loss of appetite, digestive problems, chewing problems or other problems? Only one resident has a very bad appetite, 8 residents have medium appetite, and 15 residents (62,5%) have good appetite. Only one resident had a loss of weight more than 3kg, 1 resident has lost weight between 1-3 kg, and 20 residents (83%) had the same body weight. The woman, who has a bad appetite, and who has lost more than 3kg, is the 79year old bed bound woman, who has lived in the home for 2years.

According to the MNA survey, which assessed their mobilization, 10 residents are able to move free, 5 residents are able to move inside the flat, but they do not go out, 9 residents (8 women and 1 man) are bed bound or chair bound.

According to the answers given to the fourth question, none of the residents had a psychic stress or an acute illness in the last three months. From the answers given to question five, it is known that 2 residents have severe depression and dementia, 9 residents have mild dementia, and 13 residents (54%) do not have such an illness. According to the results of the research, these residents are in a stabile mental state, their psychic state is balanced.

Assessment

According to the first question of the survey, nobody is independent, because all the 24 residents live in the residential home. There are 9 bed bound residents, but the others are able to fulfil their needs completely or partly. 9 residents (38%) are able to move only in wheelchairs and they also need assistance. From the answers given to question two, we can state that 22 residents take at least three kinds of medicines a day. Only two women do not take three kinds of medicines a day, one of them is 81years old, and have lived here for 15years, the other woman is the 70year old single woman, who has lived here for a year. Both the male resident, who is 78years old and has lived in the home for six years, and the 89year old woman, who has lived here for four years have decubitus, the other 7 bed bound residents do not

have decubitus. The nutrition of the residents is very important, they are provided with meals three times a day. The home does not have its own kitchen, the meals are brought here from a restaurant, and not everybody likes it all the time. But there is no other solution.

From the answers given to the fifth question, it can be seen that not all the residents have sufficient protein intake. 18 residents eat enough fruit and vegetables every day, only 6 residents do not eat enough fruit and vegetables. 17 residents drink 3-5 cups of liquids daily, 7 residents drink more than five cups of liquids daily. It is really important that the residents should drink enough fluids every day, especially in summer. 15 residents are able to eat alone, without any assistance, 4 residents need some help with eating, and 5 residents are unable to eat alone. The residents think that 13 of them do not have any problems with nutrition, 1 woman thinks that she is underfed, her BMI value is 16,5, so she is malnourished indeed, she is 86 years old and has lived in the institution for four years.

From the answers given to the tenth question it is known that from the 24 residents only one has a bad state of health compared with other people of the same age. 4 residents think that their state of health is better than others' in their age group.7 residents believe that their state of health is similar to others in their age group. 12 residents cannot judge what their state of health is like compared it with others' in their age group.

According to the answers given to the eleventh question, 17 residents have bigger mid-arm circumference than 22cm, and 7 have smaller than 21cm. 6 women have smaller calf circumferences than 31cm. 18 residents (17 women and 1 man) have bigger calf circumference than 31cm.

Table 75.

sex		**weight kg**		**height cm**		**age**	
female		63,8kg		155cm		73,82 years old	
male		60kg		155cm		78 years old	
I. Screening (subtotal max. 14 points)							
1. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?							
0 = severe loss of appetite		1 = moderate loss of appetite		2 = no loss of appetite			
f	m	f	m	f	m		
1	-	7	1	15	-		
2. Weight loss during the last 3 months							
0 = weight loss bigger than 3kg		1 = does not know		2 = weight loss 1-3kg		3 = no weight loss	
f	m	f	m	f	m	f	m
1	-	1	1	1	-	20	-
3. Mobility							

0 = bed or chair bound		1 = able to get out of bed		2 = goes out			
f	m	f	m	f	m		
8	1	5	-	10	-		
4. Has suffered psychological stress or acute disease							
0 = yes		2 = no					
f	m	f	m				
-	-	23	1				
5. Neuropsychological problems							
0 = severe dementia or depression		1=mild dementia		2=no psychological problems			
f	m	f	m	f	m		
2	-	8	1	13	-		
6. BMI							
BMI less than 19		BMI 19-20		BMI 21-22		BMI more than 23	
f	m	f	m	f	m	f	m
2	0	1	0	1	0	19	1
II. Assessment (subtotal max. 16 points)							
1. Lives independently (not in a nursing home or hospital)							
1 = yes		0 = no					
f	m	f	m				
-	-	23	1				
2. Takes more than 3 prescribed drugs per day							
0 = yes		1 = no					
f	m	f	m				
21	1	2	-				
3. Pressure sores or skin ulcers							
0 = yes		1 = no					
f	m	f	m				
1	1	22	-				
4. How many full meals does the patient eat daily?							
0 =1 meal		1 = 2 meal		2 = 3 meal			
f	m	f	m	f	m		
-	-	-	-	23	1		
5. Selected consumption markers for protein intake							
0 = at least one serving of dairy products (milk, cheese, yoghurt) per day yes no		0,5 = two or more servings of legumes or eggs per week yes no		1 = meat, fish or poultry every day yes no			
f	m	f	m	f	m		
-	-	16	1	7	1		
6. Consumes two or more servings of fruit or vegetables per day?							
1=yes		0 = no					
f	m	f	m				
18	-	5	1				
7. How much fluid (water, juice, coffee, tea, milk, ..) is consumed per day?							
0,0 = less than 3 cups		0,5 = 3 to 5 cups		1,0 = more than 5 cups			
f	m	f	m	f	m		
-	-	16	1	7	-		
8. Mode of feeding							
0 = unable to eat without assistance		1 = self-fed with some difficulty		2 = self-fed without any problems			
f	m	f	m	f	m		
4	1	4	-	15	-		
9. Self view of nutritional status							
0 = views self as being malnourished		1 = is uncertain of nutritional state		2 = views self as having no nutritional problem			
f	m	f	m	f	m		

1	-	9	1	13	-		
10. In comparison with other people of the same age, how does the patient consider his/her health status?							
0,0 = not as good		0,5 = does not know		1,0 = as good		2,0 = better	
f	m	f	m	f	m	f	m
1	-	11	1	7	-	4	-
11. Mid-arm circumference (MAC) in cm							
0,0 = less than 21		0,5 = 21-22		1,0 = 22 or bigger			
f	m	f	m	f	m		
-	-	7	-	16	1		
12. Calf Circumference (CC) in cm							
0=CC less than 31		1=CC 31 or bigger					
f	m	f	m				
6	-	17	1				

n = 24

According to first part of the screening 14 residents have their points between 12 and 14, which is an acceptable result, there are no risks. 10 residents got 11points or less, they are malnourished.

The maximum obtainable points of the MNA test are 30. 4 residents (16%) are under 17points, so they are malnourished. 10 residents (42%) have points between 17 and 23,5, in their case the risk of malnourishment is big. 10 residents (42%) have their points above 24, it is only them who are properly nourished.

4.2. Comparing the data of the institutions

The distribution of the residents in the 7 homes according to gender is the following, 179 women and 59 men took part in the research, which means that 75% of the interviewed are women and 25% are men. According to their marital status, 51 are single, 187 are widowed, 11 are married women and 10 are married men. From the 238 residents, who were surveyed, 78% were widowed. The average age of the residents is 78,24. The average age of female residents is 78,28, the national average is 76,89. The average age of male residents is 76,18 (Appendix 2, 3).

Marital status

Table 76.

		single	widowed	married	marrired	total	total
female	Balkány	3	36	1	-	40	
	Nagyhalász	1	10	1	-	12	
	Nyírpazony	4	18	2	-	24	
	Nagyhalász	3	27	5	-	35	
	Napkor	2	13	1	-	16	
	Nyírtelek	3	26	-	-	29	
	Foundation	5	17	1	-	23	
	Total	21 12%	147 82%	11 6%	-	179 100%	179 75%
male	Balkány	1	7	-	1	9	
	Nagyhalász	1	4	-	1	6	
	Nyírpazony	-	9	-	2	11	
	Nagyhalász	4	7	-	5	16	
	Napkor	2	5	-	1	8	
	Nyírtelek	1	7	-	-	8	
	Alapítványi	-	1	-	-	1	
	Foundation	9 15%	40 68%	-	10 17%	59 100%	59 25%
total		30 13%	187 78%	11 5%	10 4%	238 100%	238 100%

n=238

Age statistics

Table 77.

	average age	female average	male average
Balkány	80,18	80,3	77,66
Nagyhalász	78,67	73,08	78,16
Nyírpazony	78,34	79,91	74,90
Nagyhalász	76,61	79,02	71,31
Napkor	80,25	82,25	76,25
Nyírtelek	79,03	79,58	77
Foundation	74,00	73,82	78
Mean	78,24	79,14	75,2
Modusz	77	77	78
Median	79	80	79
Range	68	68	54
Maximum	102	102	98
Minimum	34	34	44
Hungarian average	72,4	76,89	68,18

n=238

The 238 residents had 414 children altogether, from whom 57 have already died. 18% of the residents had only one child, 39% had 2 children, 16,8% had 3 children, 5% had 4 children, only 2 female residents had 5 children, and 1 female resident had 9 children. The number of those who did not have any children is quite high, they are 48 people, 36 women and 12 men, so 20% of the residents did not have a child. If we subtract the number of childless residents from the total number of residents (238-40=198), and add the number of their mates to it, we get 396. If we compare this number to the total number of children, which is 414, we get the child adult rate, which is 1,04. If we calculate the number of children only for the female residents, we get 1,12.

Number of children

Table 78.

		number of clients		number of children		number of live-children		number of died children	
clients have		female	male	female	male	female	male	female	male
total number of children	Balkány	40	9	73	9	64	9	9	-
	Nagyhalász	12	6	18	12	16	11	2	1
	Nyírpazony	24	11	45	22	40	19	5	3
	Nagyhalász	35	16	60	22	56	21	4	1
	Napkor	16	8	31	10	21	10	10	-
	Nyírtelek	29	8	58	14	42	14	16	-
	Foundation	23	1	39	1	33	1	6	-
total		179	59	324	90	272	85	52	5
		238		414		414			
child:adult rate	Balkány			1,02					
	Nagyhalász			1,00					
	Nyírpazony			1,08					
	Nagyhalász			0,93					
	Napkor			1,28					
	Nyírtelek			1,16					
	Foundation			1,05					
Average				**1,08**					
		female	male	total	%				
1 child		29	14	43	18%				
2 children		67	25	92	39%				
3 children		34	6	40	16,8%				
4 children		10	2	12	5%				
5 children		2	-	2	0,8%				
9 children		1	-	1	0,4%				
No child		36	12	48	20%				
Total		**179**	**59**	**238**	**100%**				

n=238

43% of the 238 residents (101) have children who live quite near their parent, within 0-10km distance, mainly in the same settlement, where the residential home is. 27% of the residents (65) have children who live within 11-50km distance, and only 7 residents have children who live more than 51km distance from the home. Although 43% of the residents have their children quite near, only 8%, namely 19 residents are visited every day. 20% of the residents are visited twice a week, 34% of the residents are visited once a week, in fact we could be quite satisfied with this number, because it is one third of the residents. 10% of the residents are visited twice a month, 14% are visited once a month. There are 17 residents who are visited once in every quarter of a year, and 6 residents are visited once in every half a year. 5% of the residents (12 people) have not been visited since they moved in.

Distance from the children/frequency of the visit

Table 79.

		distance from children				
frequency of visit		0-10km	11-50km	more than 51km	do not has children but somebody visit her/him	total
total	Balkány	9	19	8	13	49
	Nagyhalász	10	4	1	3	18
	Nyírpazony	18	9	2	6	35
	Nagyhalász	18	20	3	10	51
	Napkor	12	1	1	10	24
	Nyírtelek	21	9	1	6	37
	Foundation	13	3	1	7	24
total		101	65	17	55	238
		43%	27%	7%	23%	100%

n=238

Table 80.

frequency of visits		
daily	19	8%
once a week	81	34%
twice a week	48	20,2%
once a month	34	14,3%
twice a month	24	10%
once a quarter	13	5,5%
twice a quarters	-	-
once a semester	6	2,5%
twice a semester	-	-
rarelier	1	0,4%
never so far	12	5,1%
total	**238**	**100%**

n=238

From the 179 female residents 87 women (48%) have been pensioners for 21-30 years, 44 women (24%) have been pensioners for 31-40 years, 34 women (19%) have been pensioners for 11-20 years, and there are only 14 women who have been pensioners for less than 10 years. From the 59 male residents 23 men (39%) have been pensioners for 11-20 years, 18 men (30%) have been pensioners for 21-30 years, 16 men (27%) are relatively young and already need institutional placement, their number is quite high.

The Amount of Old Age Pension

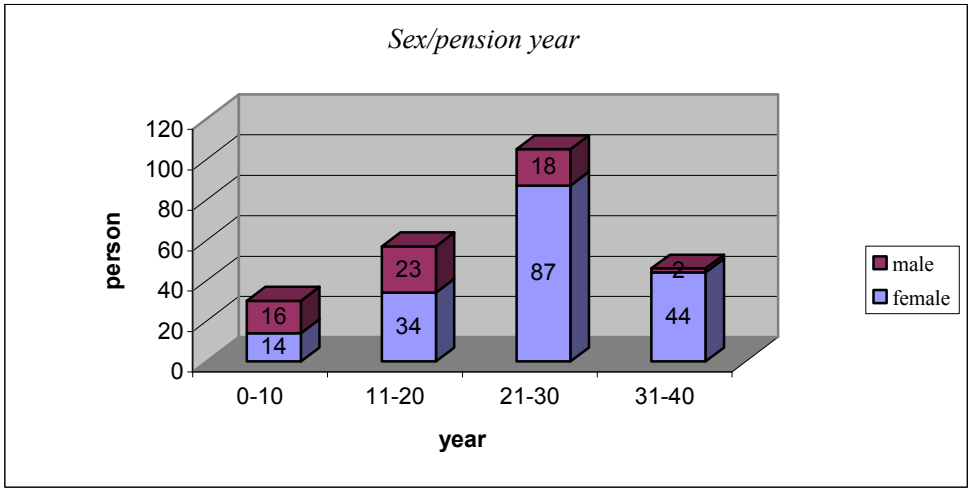
Table 81.

number of years in retirement	institutes	0-10years	11-20years	21-30years	31-40years	total
total	Balkány	4	10	22	13	49
	Nagyhalász	2	4	10	2	18
	Nyírpazony	3	9	19	4	35
	Nagyhalász	10	11	21	9	51
	Napkor	2	6	12	4	24
	Nyírtelek	3	11	16	7	37
	Foundation	6	6	5	7	24
total		30	57	105	46	238
		13%	24%	44%	19%	100%

n=238

If we add the data of both genders, we get that 44% of the residents have been pensioners for 21-30 years, 24% of the residents have been pensioners for 11-20 years, 19% have been pensioners for 31-40 years. People do not need institutional placement when they are younger, only 13% of the residents have been pensioners for less than 10 years. The institutions should be prepared to have almost 50% of their residents close to 80, because they have been pensioners for 21-30 years.

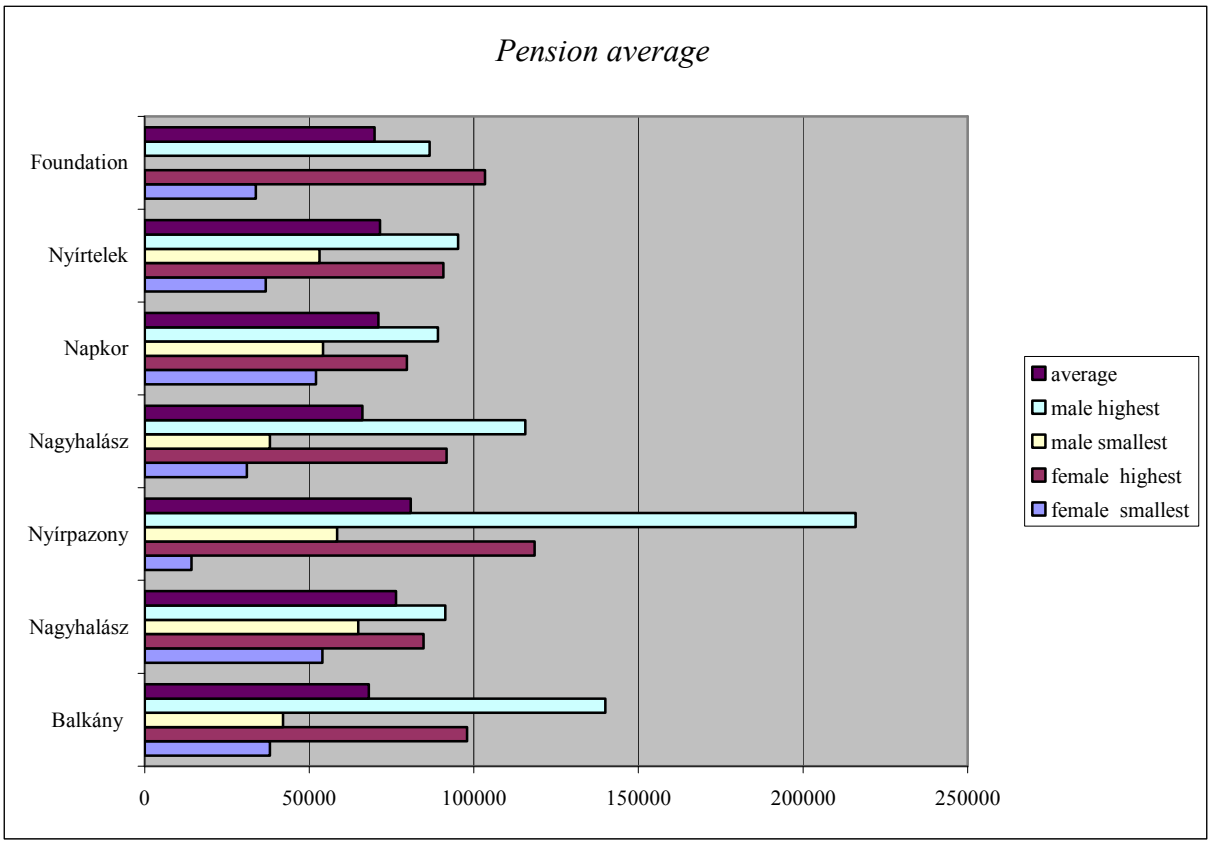
Figure 32.



n=238

The amount of pensions is very different. The smallest pension among women is 14160HUF/month, the highest is 118480HUF/month. The smallest pension among men is 37960HUF/month, the highest is 215965HUF/month. The average pension of residents is the highest in the home in Nyírpazony, it is 80911HUF, and the smallest is in the home in Nagyhalász, which is maintained by the local government, it is 66241HUF, 51 residents live in this home. The range is almost 15000HUF. In six institutions residents pay a compulsory fee for the provision, which is 80% of their pension. In one institution, in the residential home in Nagyhalász, which is maintained by the church, residents have to pay 45000HUF a month for the provision.

Figure 33.



n=238

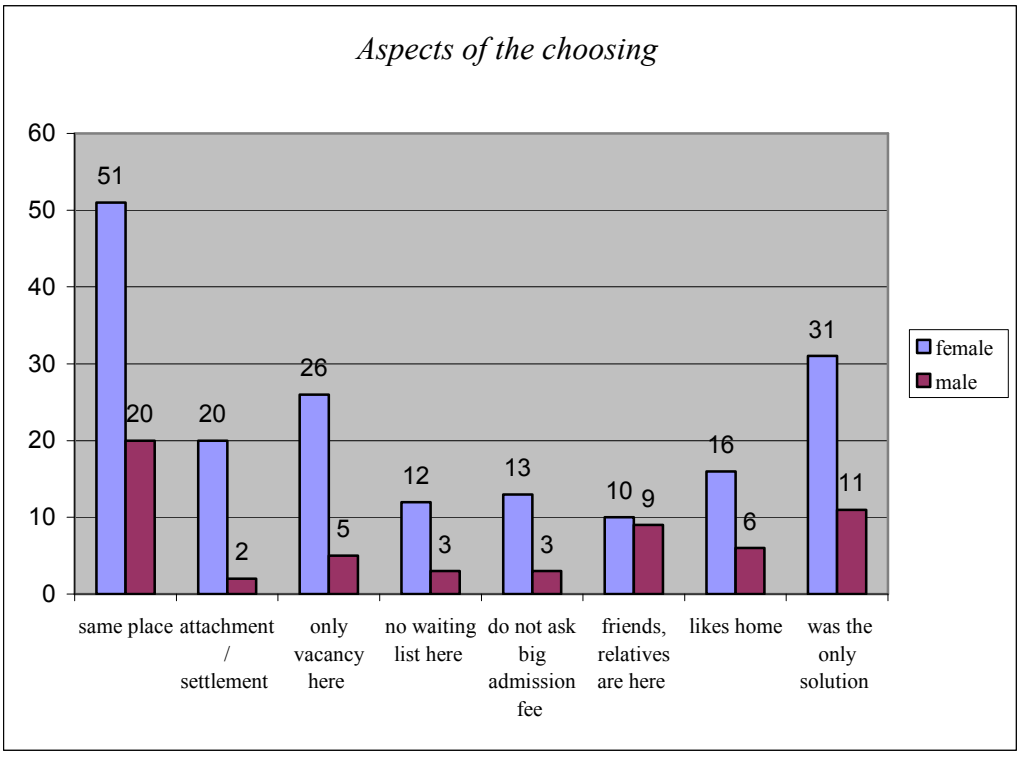
The Aspects of Choosing an Institution

30% of the 238 residents chose the institution because it is in the same settlement as where they had lived earlier. This is important for them because they can go back to their previous homes for a visit, they can keep in contact with former friends and relatives, their children might live nearby, and the research shows that 43% of the residents' children live in the same settlement as their parents do in the residential

home. Almost 10% chose the institution, because they were connected to the place somehow, their children or relatives live there or nearby.

13% of the residents chose the home, because there were no vacancies anywhere else when they needed a placement. For 6% it was important that there was no waiting list in the given institution. For 7% it was important that they did not have to pay a big amount of money as entrance fee. 8% of the residents chose the given institution because a friend of theirs or their spouse had lived there. In one case a parent moved in the home with her child. 9% chose the given home because they loved the surrounding and the furnishing, and these were the most important factors for them. Unfortunately, 17% said they had chosen the given home because it had been the only solution for them to get into an institution.

Figure 34.



n=238

Who Chose the Residential Home?

From the 238 residents 132 (55,5%) chose the institutional placement for themselves. They are 25 men and 107 women. 19 residents have one child, 74 residents have more children, 39 residents do not have any children. For 106 residents (44,5%) others chose the placement in a residential home. It was their children's decision for 86 residents, 22 have only one child, 64 have more children. It was their supporter's, wife's, husband's or parent's decision for 20 residents. From them 3 have one child, 7

have more children, and 10 residents have no children. From the residents 187 are widowed (147 females and 40 males), 30 residents are single (21 females and 9 males), 21 residents are married (11 females and 10 males). From the 238 residents 44 have one child, 145 have more children, and 49 do not have any children.

Who Chose this home?

Table 82.

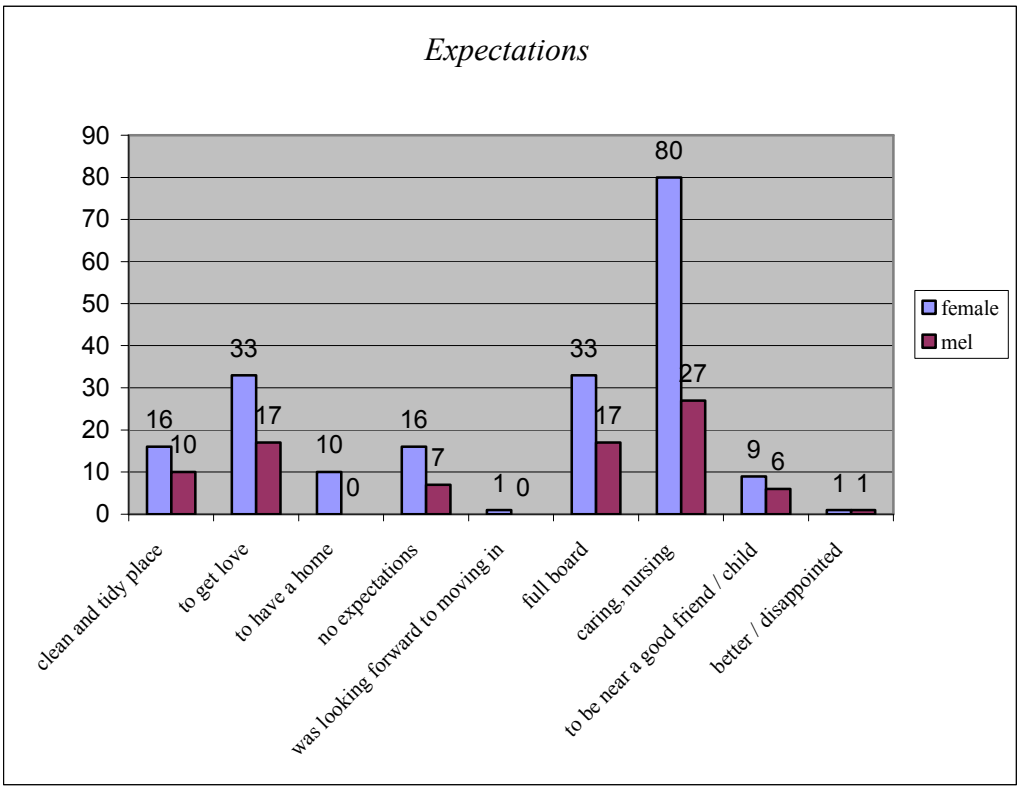
Total							
	widowed		married		single		number of children alive
	female	male	female	male	female	male	
their children chose the home 86=36%	15	6	-	-	-	1	1
	42	14	4	3	1	-	more
	-	-	-	-	-	-	none
the supporter/ parent/husband/wife chose the home 20=8,5%	-	2	1	-	-	-	1
	1	-	2	4	-	-	more
	1	1	-	-	5	3	none
total	106 clients 44,5%						
they themselves chose the home 132=55,5%	15	3	-	1	-	-	1
	58	11	3	2	-	-	more
	15	3	1	-	15	5	none
total	132 clients 55,5%						
total	147	40	11	10	21	9	
total	187		21		30		

n=238

Expectations in Connection with the Residential Home

The residents were asked what kind of expectations they had had when choosing a home. 45% chose the institution to get care and nursing, 21% wanted to get full provision, another 21% wanted to be loved in the home. 11% answered that they had wanted to live in a clean and tidy environment; they had needed peace and quiet around them. More than 6% chose the home because a friend or a relative or a child lived there or near the institution, and they wanted to live near them. More than 4% said that they had chosen the institutional placement, because they had wanted a home and had wanted to feel secure there. Only some residents said that they were disappointed with the home, they had expected something better and they did not get what they had wanted. Only one female resident answered that she had looked forward to moving in. 10% of the residents said they had not had any expectations in connection with the chosen home.

Figure 35.



n=238

How much do the Residents Move?

From 238 residents 9 (3,7%) are bedbound, they are not able to leave the bed. They are 8 women and 1 man. 14 residents (5,8%) are not able to leave the room, they are 12 women and 2 men. 48 residents (20%) can only move inside the building, they are 35 women and 13 men. 117 residents (50%) are able to go to the terrace or to the garden, they are 89 women and 28 men. Only 50 residents (21%) are able to leave the home and go out, they are 35 women and 15 men. The residents were asked how often they left the institution. 43 residents (18%) have not left the institution since they moved in, they are 34 women and 9 men. Only 18 residents (7,5%) are able to leave the home every day, they are 10 women and 8 men. 44 residents (18,4%) leave the home once or twice a week, they are 30 women and 14 men. 133 residents (55,8) leave the building less frequently, they are 105 women and 28 men.

How much do the residents move?

Table 83.

Total					
daily moving area	female	male	female	male	how often do they leave the home
does not leave the bed	**8**	**1**	**34**	**9**	never since they moving in
does not leave the room	**12**	**2**	**10**	**8**	every day
moves only inside the building	**35**	**13**	**6**	**1**	every second day
goes to the garden, terrace	**89**	**28**	**5**	**4**	every second day
is able to leave the building, goes out	**35**	**15**	**19**	**9**	once a week
			105	**28**	rarely
total	**179**	**59**	**179**	**59**	**total**

n=238

Free Time Activities

77% of the residents spend their free time by watching TV. 48,3% take part in the activities, which means that almost half of the residents participate in various activities. The third kind of activity is listening to the radio, 36% of the residents do this. 24% of the residents read books, magazines, daily papers and newspapers. Only 12 women can do needlework.

Free time activities

Table 84.

Total				
	female	male	total	institutes
radio-listening	56	33	86	3.
tv-watching	138	47	185	1.
participate on occupation	98	17	115	2.
look after garden	9	5	14	6.
needlework	12	-	12	7.
reading (news, books)	48	9	57	4.
look after the flowers	10	6	16	5.

n=238

Life Functions

The residents were asked about their life functions. The research examined six life functions. From the 238 residents 55% have satisfactory eyesight, 26% have bad eyesight and only 19% have good eyesight. 43% have satisfactory hearing, 32% have good hearing and 25% have bad hearing. Only 15% have good movement, 40% have satisfactory and 45% have bad movement. 20% of the residents have good chewing,

61% have satisfactory, and 19% have bad chewing. 17% have good balance, 49% have satisfactory and 34% have bad balance. 35% have good orientation, 35% have satisfactory and 30% have bad orientation.

Life functions

Table 85.

	good		suitable		bad		total
	f	m	f	m	f	m	
vision	31	15	102	28	46	16	238
	46=19%		130=55%		62=26%		
hearing	57	20	81	22	41	17	238
	77=32%		103=43%		58=25%		
moving	28	9	74	21	77	29	238
	37=15%		95=40%		106=45%		
chewing	36	12	110	35	33	12	238
	48=20%		145=61%		45=19%		
equilibrium	29	11	90	27	60	21	238
	40=17%		117=49%		81=34%		
orientation	62	21	63	20	54	18	238
	83=35%		83=35%		72=30%		

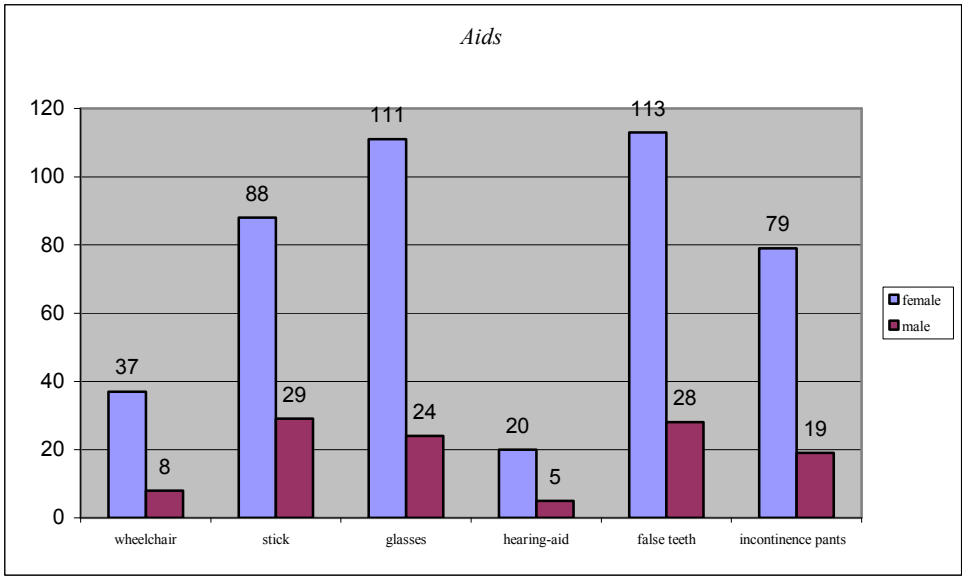
n=238

Aids

From the 238 residents more people use various aids in order to be able to satisfy their daily needs. 19% of the residents (37 women and 8 men) use wheelchairs to move easier. 49% of the residents (88 women and 29 men) use walking sticks. 56% (111 women and 24 men) wear glasses. Only 10% (20 women and 5 men) have hearing aids. 59% of the residents (113 women and 28 men) have false teeth or dentures. 41% of the residents (79 women and 19 men) have incontinency.

Aids

Figure 36.

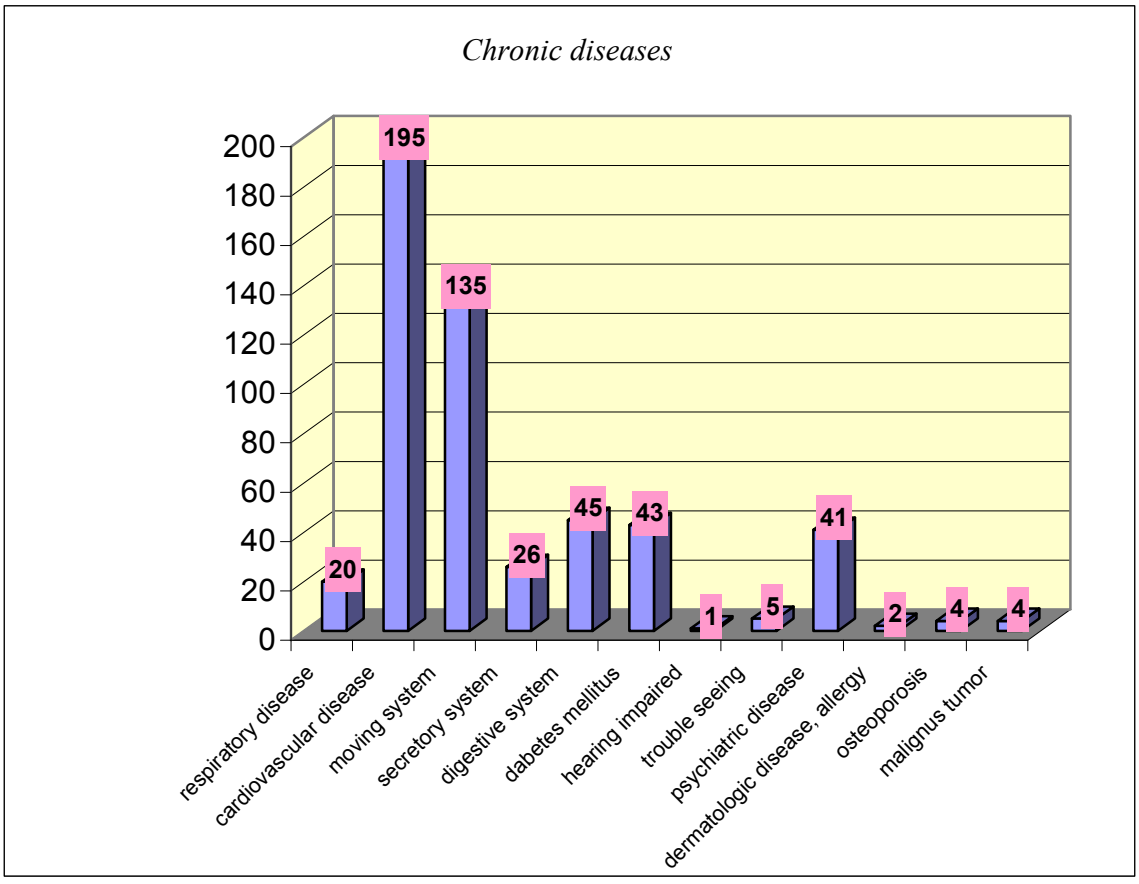


n=238

Chronic Diseases

From the 238 residents 81% suffer from circulatory disease, which is the most common disease. The second most common is the diseases of the locomotor system, 56,7% of the residents suffer from them. It is twice as frequent among women as among men, 62% of female residents and 39% of male residents suffer from chronic locomotor diseases. 19% of the residents have chronic disease of the digestive system, 18% have diabetes, and 17% have psychiatric disease. 11% have disease of the excretory system, 8,4% have chronic disease of the respiratory system. The disease of the respiratory system is twice as frequent among men as among women, 13% of men and 6% of women suffer from it. Tumour is the main fatal disease in Hungary, but fortunately from the 238 residents only 1,6% were diagnosed with it.

Figure 37.

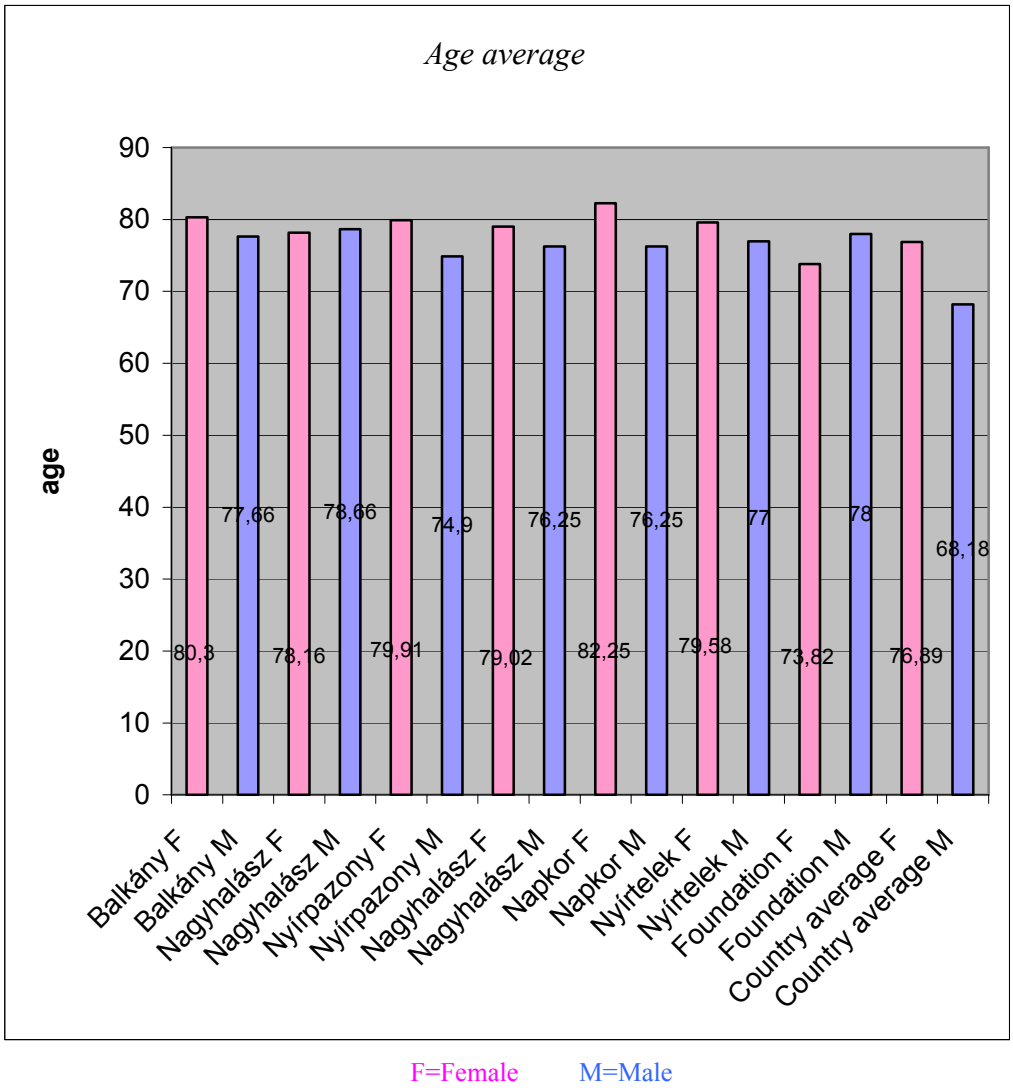


n=238

Mini Nutrition Assessment

In the last part of the research the nutritional state of the residents has been screened by the Mini Nutrition Assessment, which was developed by the Nestlé Nutrition Institute. We gained the following data from the 238 answers (Appendix 4).

Figure 38.



n=238

F=Female M=Male

The average age of the 179 female residents is 78,28 years, that of the 59 male residents is 76,18 years. The average height of women is 160,7cm that of men is 163,5cm. The average weight of women is 66,10kg that of men is 68,81kg. The average age of women is 76,89 years, that of men is 68,18 years (Appendix 5, 6, 7, 8).

According to the data of the first part of the **screening,** 2% of the residents have very bad appetite, 23% have medium appetite and 75% do not have bad appetite, so ¾ of the residents do not have bad appetite (Appendix 9).

From the answers given to the second question we know that 4,2% of the residents lost more than 3kg weight in the last three months, 5% of them cannot judge their body weight, 17,6% lost weight between 1-3kg, 73,2% did not lose weight, which is a very good result, because they are ¾ of the residents (Appendix 10).

According to the answers given to the third question, 16,8% of the residents are bed or chairbound, 24% are able to move in the building, but they do not leave it, and a bit more than half of the residents, 59,2% are able to move free (Appendix 11).

From the answers given to the fourth question we learn that 84% of the residents did not suffer from psychic trauma or acute disease in the last three months, only 16% answered that they had had mental trauma. From the answers given to the fifth question we learn that 16% of the residents suffer from serious dementia or depression, 30% suffer from mild dementia, and 54%, half of the residents do not suffer from such a disease (Appendix 12, 13).

From the answers given to the sixth question we learn that 8% of the residents have a very low BMI value, it is under 18 points, 12% of the residents have a BMI value which is 19-20 points, 15% have a BMI value which is 21-22 points, and 60% of the residents have the BMI value over 23 points. All in all, 80% of the residents have a good BMI value, or even a bit high, and only 20% are thin. This is related to their appetite, the condition of teeth, chronic diseases, only 75% have good appetite (Appendix 14, 15).

Table 86.

BMI								
	BMI less than 19		BMI 19-20		BMI 21-22		BMI over than 23	
	F	M	F	M	F	M	F	M
Balkány	3	1	9	3	4	2	24	3
Nagyhalász	-	1	2	-	4	1	6	4
Nyírpazony	-	1	5	-	5	2	14	8
Nagyhalász	4	-	3	-	4	3	24	13
Napkor	3	-	2	2	3	-	8	6
Nyírtelek	2	2	2	-	7	-	18	6
Foundation	2	-	1	-	1	-	19	1
total	14	5	24	5	28	8	113	41
total	19=8%		29=12%		36=15%		154=65%	

n=238

The second part of the test is the **assessment**.

For the first question all the 238 people answered that they were not independent, because they lived in residential homes (Appendix 16). From the answers given to the second question we learn that 87,4% of the residents take three kinds of medicines every day, only 12,6% do not take three kinds of prescribed medicines every day (Appendix 17).

According to the answers given to the third question, 94,2% of the residents do not have decubitus or ulcer on their skin, only 5,8% suffer from them (Appendix 18).

Almost all the residents have meals three times a day; there is only one female resident who has meals twice a day (Appendix 19). The protein intake is good, satisfactory, 90% of the residents' protein intake is good, only 9% answered that they did not eat food which contained protein once a day (Appendix 20).

According to the answers given to the sixth question, 49,6% of the residents eat enough fruit and vegetables, while 50,4% do not (Appendix 21).

Only 35,3% of the residents have satisfactory fluid intake, they drink more than 5 cups of liquid a day, but 57,9% drink only 3-5 cups of liquid a day, and 6,8% of the residents drink very little liquid (Appendix 22).

According to the answers given to the eighth question 74,3% of the residents can eat alone without any problems (Appendix 23), 18,9% can also eat alone, but they need some assistance, and only 6,8% are unable to eat without assistance. According to the self-evaluation of the residents about their eating habits, 69,3% do not have any problems with eating, only 1,3% of them think that they are malnourished (Appendix 24). The BMI value also reflected this, as 20% of them have their BMI value under 20kg/m^2.

In the tenth question the residents compared their own state of health with others in the same age-group. 14,3% of the residents think that their state of health is better than others' in their age-group, 32,3% of them think that their state of health is the same as that of others in their age-group, and 20,2% believe that their state of health is worse than others'. 33,2% of the residents were uncertain and could not compare their state of health with others (Appendix 25).

For the eleventh question the residents' mid-arm circumference had to be measured, which gives a good picture of the condition of the muscles, of the nutritional state and of the ability to move. 71,4% of the residents mid-arm circumference is more

than 22cm, 19,3% have their mid-arm circumference between 21 and 22cm, and only 9,3% of the residents have a mid-arm circumference less than 21cm (Appendix 26).

For the last question of the MNA test, the residents' calf circumference had to be measured. This value also gives a picture of the ability to move and of the nutritional state. ¾ of the residents, namely 75,6% have bigger calf circumference than 31cm, and 24,4% of them have smaller than 31cm (Appendix 27).

Nutritional Status

Table 87.

	total	**female**	**male**	**institutes**
less than 17	38 (16%)	10	3	Balkány
		3	1	Nagyhalász
		2	1	Nyírpazony
		1	2	Nagyhalász
		5	1	Napkor
		3	2	Nyírtelek
		3	1	Foundation
		27 (16%)	11 (18%)	
17,5 – 23,5	100 (42%)	19	5	Balkány
		5	3	Nagyhalász
		8	5	Nyírpazony
		11	5	Nagyhalász
		9	3	Napkor
		14	3	Nyírtelek
		10	-	Foundation
		76 (42%)	24 (41%)	
24-30	100 (42%)	11	1	Balkány
		4	2	Nagyhalász
		14	5	Nyírpazony
		23	9	Nagyhalász
		2	4	Napkor
		12	3	Nyírtelek
		10	-	Foundation
		76 (42%)	24 (41%)	
total	**238**	**179**	**59**	

n=238

From the 238 residents of the seven residential homes 38 people (16%) are malnourished, the rate between women and men is about the same, 16% of the women and 18% of the men are malnourished. 100 residents face a high risk of malnutrition, their MNA test results are between 17,5 and 23,5. The rate between the genders is almost the same again, 42% of the women and 41% of the men. 100 residents' nutritional state is satisfactory; the rate between the genders is the same, 42% of the women and 41% of the men (Appendix 28, 29).

4.3. Results based on SPSS statistics

Age

Table 88. Descriptives statistics

	N	**Mean**	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
1	35	78,34	8,828	1,492	75,31	81,38	54	102
2	18	78,67	7,013	1,653	75,18	82,15	66	89
3	49	80,18	8,511	1,216	77,74	82,63	57	98
4	37	79,03	7,485	1,231	76,53	81,52	59	92
5	24	80,25	8,984	1,834	76,46	84,04	58	96
6	51	76,61	11,013	1,542	73,51	79,71	44	98
7	24	74,00	14,019	2,862	68,08	79,92	34	89
Total	238	**78,24**	9,699	,629	77,00	79,47	34	102

1=Nyírpazony, 2=Nagyhalász18, 3=Balkány, 4=Nyírtelek, 5=Napkor, 6=Nagyhalász51, 7= Foundation

Table 89. ANOVA

Age

	Sum of Squares	df	Mean Square	F	**Sig.**
Between Groups	875,961	**6**	145,994	1,574	**,155**
Within Groups	21420,862	231	92,731	-	-
Total	22296,824	237	-	-	-

Test Statistics

Table 90. Kruskal-Wallis teszt

	életkor
Chi-Square	**5,785**
df	**6**
Asymp. Sig.	**,448**

I assume that the average age of residents is the same in each institution (Table 88.). I have checked this hypothesis with one aspect variance analysis and with the Kruskal-Wallis test. On the basis of the test I claim that the average age can be taken the same in each institution. (ANOVA df=6; p=0,155; (Table 89.) Kruskal-Wallis Chi^2=5,785, df=6; p=0,448 (Table 90.).

I assume that the marital status of the residents is similar in each home. I have checked it with Chi^2-probe. The result of the test verifies the hypothesis - the comparison according to marital status does not show any difference in each home, (Chi^2=29,343; df=24; p=0,207; Table 91.). According to the Chi^2 table (Table 92.) and the graph showing distribution in percentage (Figure 39.), the number of the widowed is significantly higher than the numbers of other types of marital status.

Residential homes – marital status

Chi^2 square Test Crosstabulation

Table 91.

			Marital status					Total
			1	2	3	4	5	1
Residential homes	1	Count	4	25	2	2	2	35
		% within home	11,4%	**71,4%**	5,7%	5,7%	5,7%	100,0%
		% within mar stat	12,9%	13,6%	18,2%	20,0%	100,0%	14,7%
		% of Total	1,7%	10,5%	,8%	,8%	,8%	14,7%
	2	Count	3	13	1	1	0	18
		% within home	16,7%	**72,2%**	5,6%	5,6%	,0%	100,0%
		% within mar stat	9,7%	7,1%	9,1%	10,0%	,0%	7,6%
		% of Total	1,3%	5,5%	,4%	,4%	,0%	7,6%
	3	Count	4	43	1	1	0	49
		% within home	8,2%	**87,8%**	2,0%	2,0%	,0%	100,0%
		% within mar stat	12,9%	23,4%	9,1%	10,0%	,0%	20,6%
		% of Total	1,7%	18,1%	,4%	,4%	,0%	20,6%
	4	Count	4	33	0	0	0	37
		% within home	10,8%	**89,2%**	,0%	,0%	,0%	100,0%
		% within mar stat	12,9%	17,9%	,0%	,0%	,0%	15,5%
		% of Total	1,7%	13,9%	,0%	,0%	,0%	15,5%
	5	Count	4	18	1	1	0	24
		% within home	16,7%	**75,0%**	4,2%	4,2%	,0%	100,0%
		% within mar stat	12,9%	9,8%	9,1%	10,0%	,0%	10,1%
		% of Total	1,7%	7,6%	,4%	,4%	,0%	10,1%
	6	Count	7	34	5	5	0	51
		% within home	13,7%	**66,7%**	9,8%	9,8%	,0%	100,0%
		% within mar stat	22,6%	18,5%	45,5%	50,0%	,0%	21,4%
		% of Total	2,9%	14,3%	2,1%	2,1%	,0%	21,4%
	7	Count	5	18	1	0	0	24
		% within home	20,8%	**75,0%**	4,2%	,0%	,0%	100,0%
		% within mar stat	16,1%	9,8%	9,1%	,0%	,0%	10,1%
		% of Total	2,1%	7,6%	,4%	,0%	,0%	10,1%
Total		Count	31	184	11	10	2	238
		% within home	13,0%	**77,3%**	4,6%	4,2%	,8%	100,0%
		% within mar stat	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
		% of Total	13,0%	77,3%	4,6%	4,2%	,8%	100,0%

1=Nyírpazony, 2=Nagyhalász18, 3=Balkány, 4=Nyírtelek, 5=Napkor, 6=Nagyhalász51, 7= Foundation

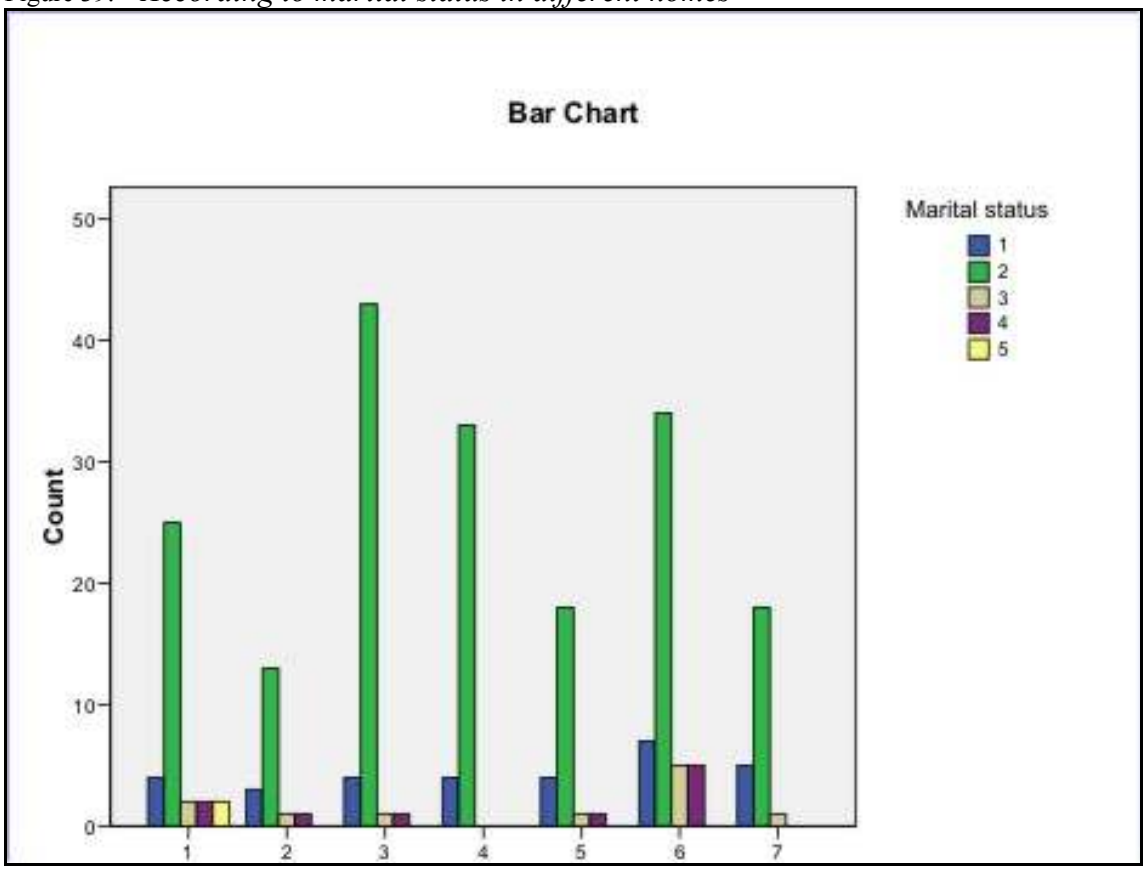
1=single, 2=widow, 3=married, 4=marreid, 5=divorsed.

Chi-Square Tests

Table 92.

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**29,343**	**24**	**,207**
Likelihood Ratio	28,107	24	,256
Linear-by-Linear Association	1,101	1	,294
N of Valid Cases	238	-	-

Figure 39. *According to marital status in different homes*



1=single, 2=widow, 3=married, 4=marreid, 5=divorsed.
1=Nyírpazony, 2=Nagyhalász18, 3=Balkány, 4=Nyírtelek, 5=Napkor, 6=Nagyhalász51, 7= Foundation

Age

Table 93. Descriptives statistics

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
1	19	81,74	7,600	1,744	78,07	85,40	59	92
2	130	78,45	10,043	,881	76,71	80,20	34	102
3	58	79,12	7,945	1,043	77,03	81,21	56	98
4	19	74,68	11,319	2,597	69,23	80,14	44	89
5	12	71,67	10,874	3,139	64,76	78,58	58	88
Total	238	78,24	9,699	,629	77,00	79,47	34	102

1=daily, 2=1time/week, 3=1time/month, 4=1time/quarter, 5=never.

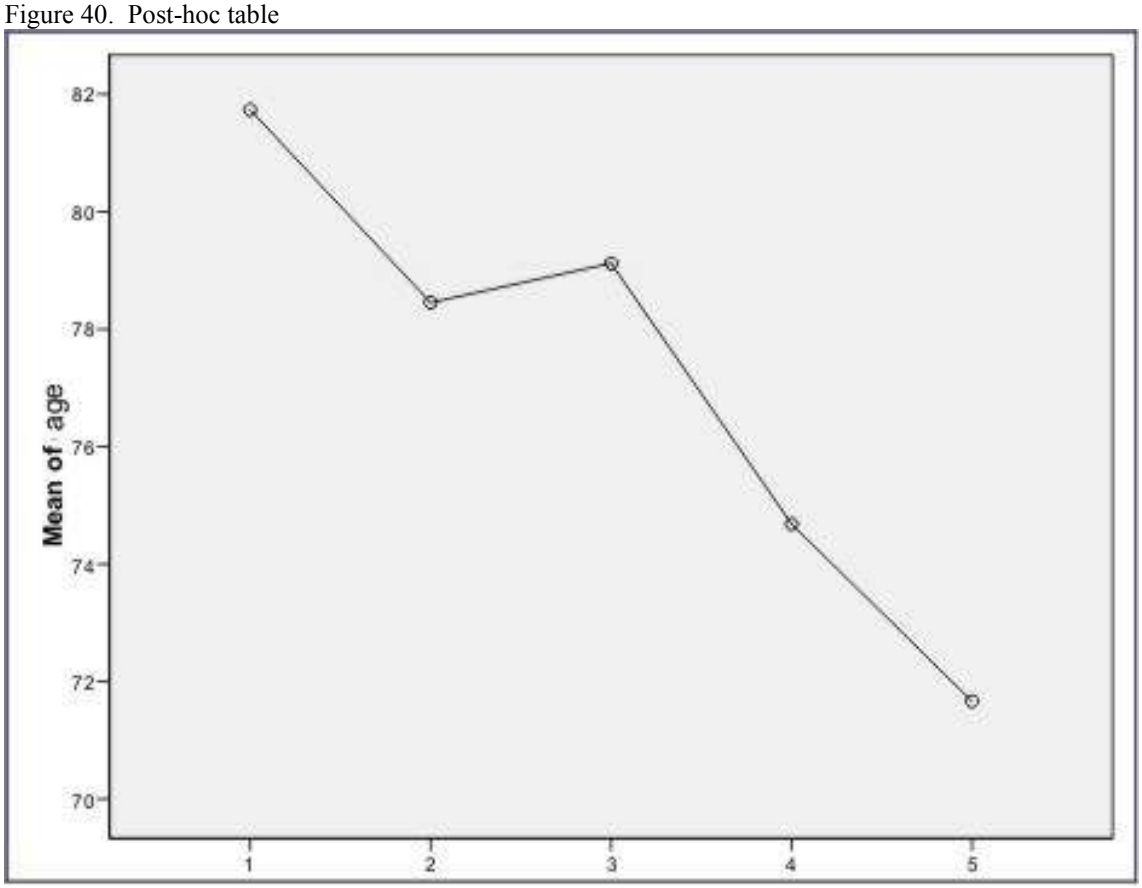
Age

Table 94. ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1041,989	**4**	260,497	2,856	**,024**
Within Groups	21254,834	233	91,222	-	-
Total	22296,824	237	-	-	-

I examined the connection between the age and the frequency of visits (Table 93.). I used one aspect variance analysis, according to which the average age of residents in each visiting category does not differ statistically. I have to reject my null hypothesis (Table 94. df=4; p=0,024;), namely the average age of elderly people in each visiting category is different. On the basis of the Post-Hoc test I claim that the age of those residents who are not visited (Cathegory 5. Figure 40.) is significantly lower.

Figure 40. Post-hoc table



1=daily, 2=1time/week, 3=1time/month, 4=1time/quarter, 5=never.

I assume that the number of female residents is higher than that of male residents in the seven examined homes.

According to the Chi^2 probe the rate between male and female residents is independent of the fact which home they live. The rate of women is definitely higher everywhere (Chi^2=10,415; df=6; p=0,108) (Table 95; Table 96; Figure41.).

Residential homes and gender of residents

Table 95. Chi-square test Crosstabulation

			gender		Total
			1	2	1
Elderly homes	1	Count	11	24	35
		% within home	**31,4%**	**68,6%**	100,0%
		% within gender	18,6%	13,4%	14,7%
		% of Total	4,6%	10,1%	14,7%
	2	Count	6	12	18
		% within home	**33,3%**	**66,7%**	100,0%
		% within gender	10,2%	6,7%	7,6%
		% of Total	2,5%	5,0%	7,6%
	3	Count	9	40	49
		% within home	**18,4%**	**81,6%**	100,0%
		% within gender	15,3%	22,3%	20,6%
		% of Total	3,8%	16,8%	20,6%
	4	Count	8	29	37
		% within home	**21,6%**	**78,4%**	100,0%
		% within gender	13,6%	16,2%	15,5%
		% of Total	3,4%	12,2%	15,5%
	5	Count	8	16	24
		% within home	**33,3%**	**66,7%**	100,0%
		% within gender	13,6%	8,9%	10,1%
		% of Total	3,4%	6,7%	10,1%
	6	Count	16	35	51
		% within home	**31,4%**	**68,6%**	100,0%
		% within gender	27,1%	19,6%	21,4%
		% of Total	6,7%	14,7%	21,4%
	7	Count	1	23	24
		% within home	**4,2%**	**95,8%**	100,0%
		% within gender	1,7%	12,8%	10,1%
		% of Total	,4%	9,7%	10,1%
Total		Count	59	179	238
		% within home	**24,8%**	**75,2%**	100,0%
		% within gender	100,0%	100,0%	100,0%
		% of Total	24,8%	75,2%	100,0%

1=Nyírpazony, 2=Nagyhalász18, 3=Balkány, 4=Nyírtelek, 5=Napkor, 6=Nagyhalász51, 7= Foundation
1=male; 2=female;

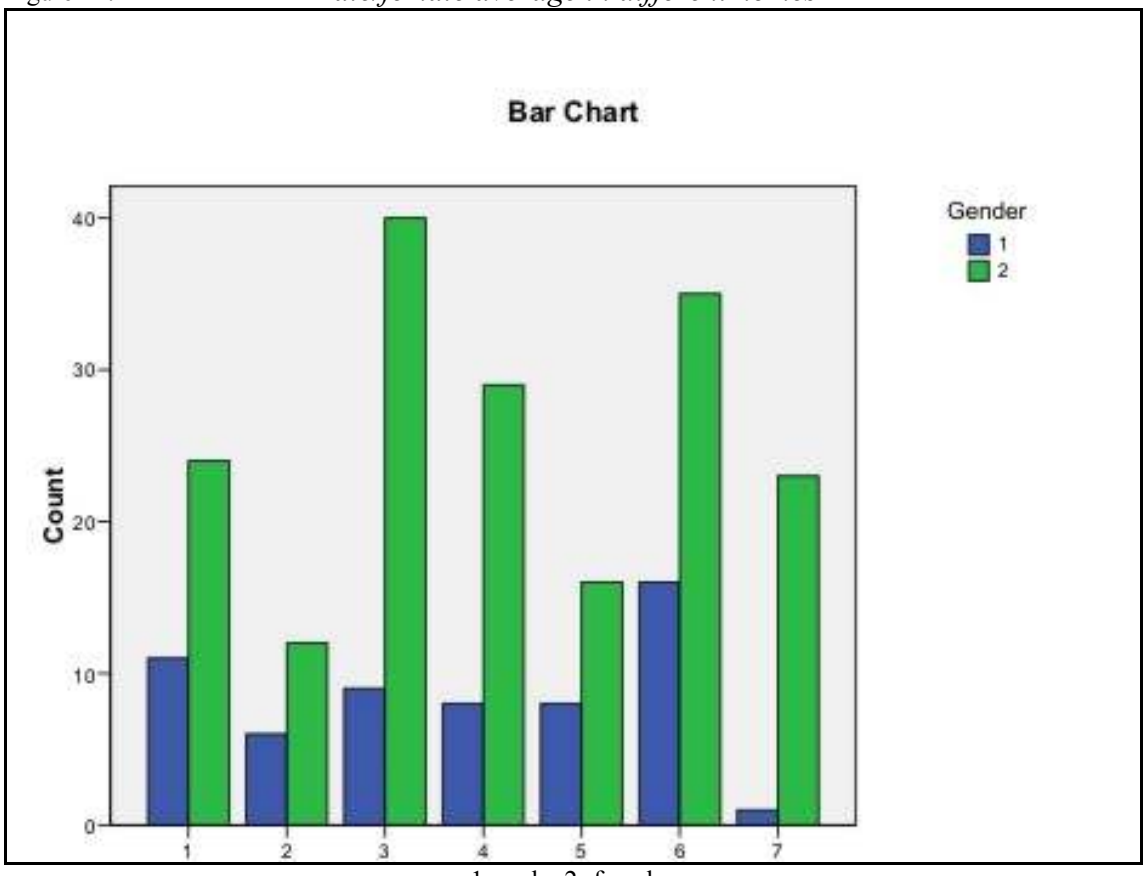
In 1st, 2nd, 5th and 6th institutions the distribution rate of the residents on the basis of gender is 1:2. In 3rd and 4th institutions the distribution rate is higher, the rate between men and women is 1:5. In 7th institution the distribution between genders is extremely big, the male:female rate is 1:20.

Chi-Square Tests

Table 96.

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**10,415**	**6**	**,108**
Likelihood Ratio	12,391	6	,054
Linear-by-Linear Association	1,023	1	,312
N of Valid Cases	238	-	-

Figure 41. *Male/female average in different homes*



1=male; 2=female;
1=Nyírpazony, 2=Nagyhalász18, 3=Balkány, 4=Nyírtelek, 5=Napkor, 6=Nagyhalász51, 7= Foundation

I have examined the frequency of visits in each home. We can say that the highest number of visits is per week (Table 97; Figure 42;). According to findings of the Chi^2 test, the frequency of visits in each home is not the same (Table 99. Figure 43.; Chi^2=52,651; df=24; p=0,001). The result should be interpreted carefully, because the examined crosstabulation contains many few element deficient parts. On the basis of the table (Table 98.) I can still claim that the frequency of visits does not depend on which home the residents live in. However, the value of the residential home maintained by the foundation is extreme, where 16,7% of the residents are never visited.

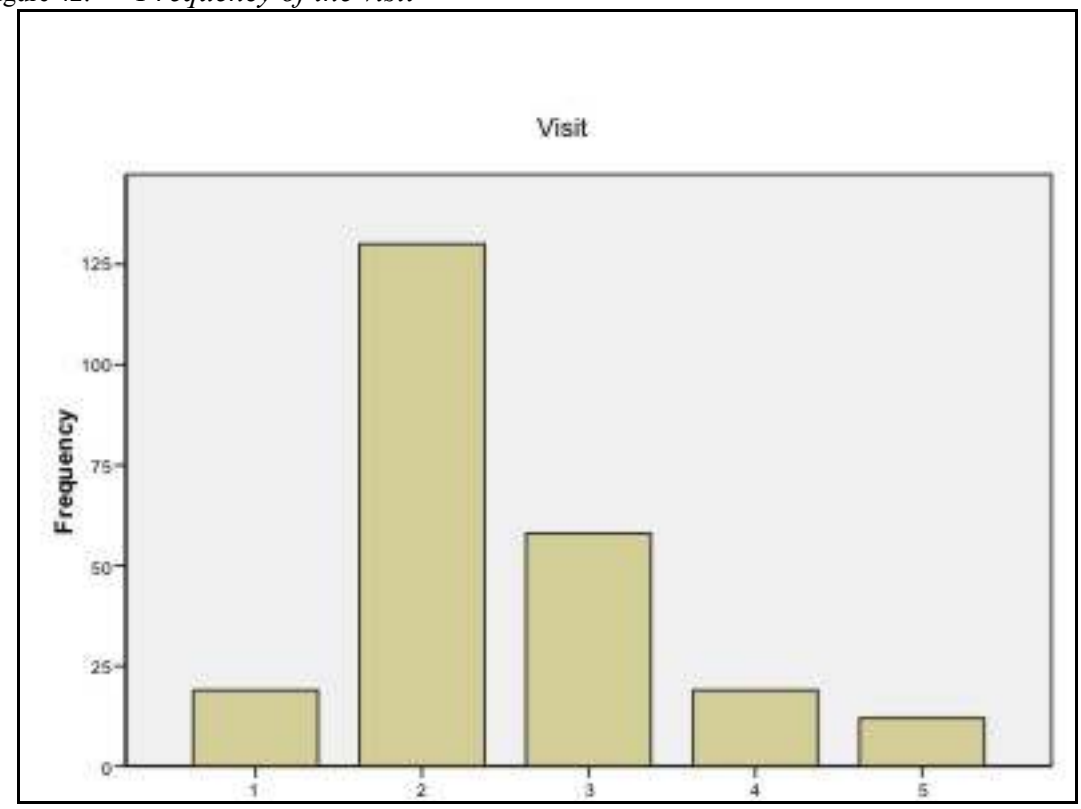
Frequency of visits

Table 97.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	19	8,0	8,0	8,0
	2	130	54,6	54,6	62,6
	3	58	24,4	24,4	87,0
	4	19	8,0	8,0	95,0
	5	12	5,0	5,0	100,0
	Total	238	100,0	100,0	-

1=daily, 2=1time/week, 3=1time/month, 4=1time/quarter, 5=never.

Figure 42. *Frequency of the visit*



1=daily, 2=1time/week, 3=1time/month, 4=1time/quarter, 5=never.

Residential homes - visit

Chi^2 Crosstabulation

Table 98.

			visit					Total
			1	2	3	4	5	1
Residential homes	1	Count	3	18	12	2	0	35
		% within home	8,6%	51,4%	34,3%	5,7%	,0%	100,0%
		% within visit	15,8%	13,8%	20,7%	10,5%	,0%	14,7%
		% of Total	1,3%	7,6%	5,0%	,8%	,0%	14,7%
	2	Count	1	11	3	2	1	18
		% within home	5,6%	61,1%	16,7%	11,1%	5,6%	100,0%
		% within visit	5,3%	8,5%	5,2%	10,5%	8,3%	7,6%
		% of Total	,4%	4,6%	1,3%	,8%	,4%	7,6%
	3	Count	9	17	12	10	1	49
		% within home	18,4%	34,7%	24,5%	20,4%	2,0%	100,0%
		% within visit	47,4%	13,1%	20,7%	52,6%	8,3%	20,6%
		% of Total	3,8%	7,1%	5,0%	4,2%	,4%	20,6%
	4	Count	5	20	10	1	1	37
		% within home	13,5%	54,1%	27,0%	2,7%	2,7%	100,0%
		% within visit	26,3%	15,4%	17,2%	5,3%	8,3%	15,5%
		% of Total	2,1%	8,4%	4,2%	,4%	,4%	15,5%
	5	Count	0	13	8	2	1	24
		% within home	,0%	54,2%	33,3%	8,3%	4,2%	100,0%
		% within visit	,0%	10,0%	13,8%	10,5%	8,3%	10,1%
		% of Total	,0%	5,5%	3,4%	,8%	,4%	10,1%
	6	Count	1	32	12	2	4	51
		% within home	2,0%	62,7%	23,5%	3,9%	7,8%	100,0%
		% within visit	5,3%	24,6%	20,7%	10,5%	33,3%	21,4%
		% of Total	,4%	13,4%	5,0%	,8%	1,7%	21,4%
	7	Count	0	19	1	0	4	24
		% within home	,0%	79,2%	4,2%	,0%	16,7%	100,0%
		% within visit	,0%	14,6%	1,7%	,0%	33,3%	10,1%
		% of Total	,0%	8,0%	,4%	,0%	1,7%	10,1%
Total		Count	19	130	58	19	12	238
		% within home	8,0%	54,6%	24,4%	8,0%	5,0%	100,0%
		% within visit	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
		% of Total	8,0%	54,6%	24,4%	8,0%	5,0%	100,0%

1=daily, 2=1time/week, 3=1time/month, 4=1time/quarter, 5=never.

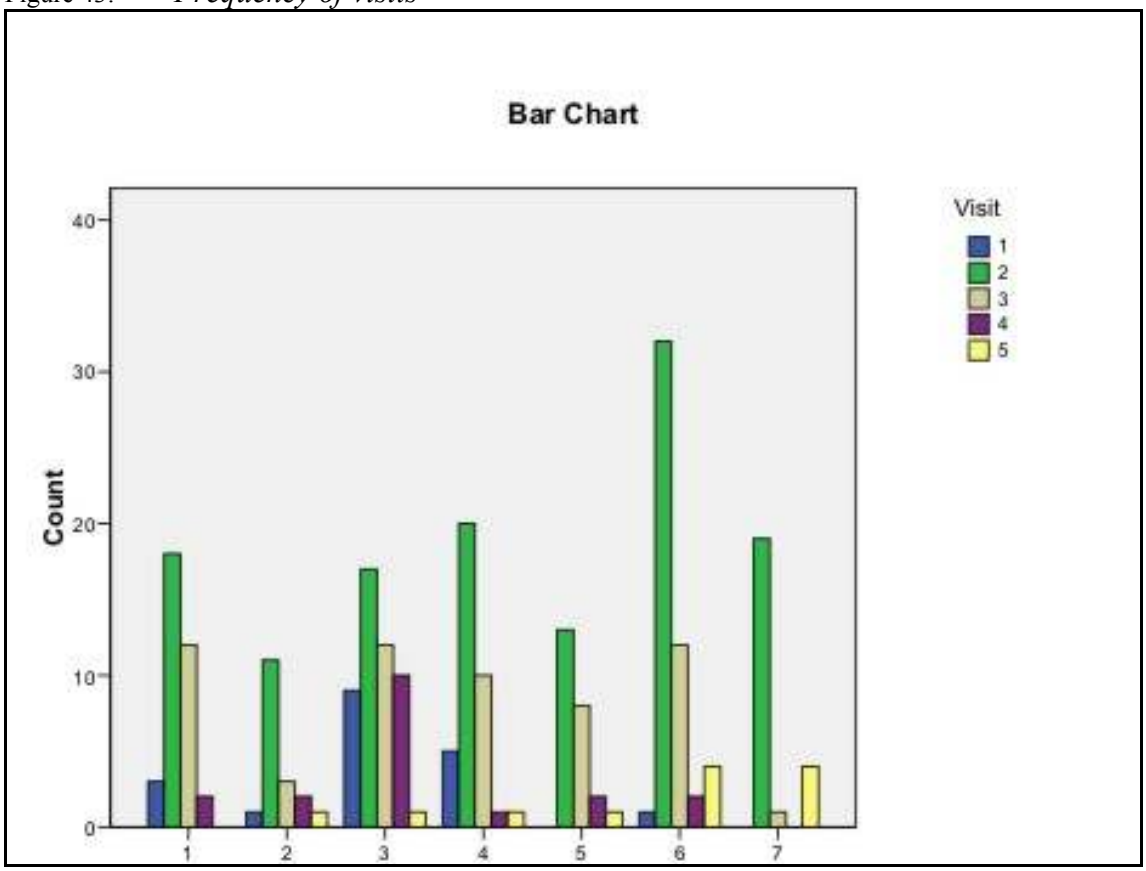
1=Nyírpazony, 2=Nagyhalász18, 3=Balkány, 4=Nyírtelek, 5=Napkor, 6=Nagyhalász51, 7= Foundation

Frequency of visits
Chi-Square Tests

Table 99.

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**52,651**	**24**	**,001**
Likelihood Ratio	56,879	24	,000
Linear-by-Linear Association	,584	1	,445
N of Valid Cases	238	-	-

Figure 43. *Frequency of visits*



1=daily, 2=1time/week, 3=1time/month, 4=1time/quarter, 5=never.
1=Nyírpazony, 2=Nagyhalász18, 3=Balkány, 4=Nyírtelek, 5=Napkor, 6=Nagyhalász51, 7= Foundation

5. Discussion

I carried out the research in seven residential homes for elderly people. The maintainers of the institutions are different, 3 institutions belong to the local government, 3 belong to the church and one is maintained by a foundation. I interviewed 238 elderly people, who live in residential homes; they were 179 female and 59 male residents. I did the research work between March and November 2008. I present the obtained data in 4.1 of my dissertation, I describe each institution, and in 4.2 I compare the results. I worked up the research data with the help of Microsoft Excel and SPSS data processing system.

5.1. Discussion of H_1 H_{13} hypothesis

The interrelation of average age, marital status and chronic illnesses

H_1 I assume that the number of female residents is higher than the number of male residents in the seven examined residential homes.

H_{13} I assume that the most common illnesses of the residents are the diseases of the circulatory system and cardiovascular diseases.

If we examine the **marital status** of elderly people living in residential homes, we find that most of them are widowed and single, because it is more secure for them to live in an institution at an old age than to live lonely. I assume that their **average age** is higher than that of the Hungarian population, because the average age of the Hungarian population is fairly low compared to European data, as it is presented in table 76.

The average age of the Hungarian female population is 76,89 years, while among the residents being interviewed, it is two years higher. The average age of the Hungarian male population is 68,18 years, however, among the male residents being interviewed in the 7 residential homes, it is 76,18 years, which is significantly higher than the national average. The average age of women is two years higher, that of men is 8 years higher among the residents than the national average, which is 72,4 years. In the research sample it is 6 years higher, namely 78,24 years. The data are presented in table 77 in the discussion. The national statistical figures are from the Health Statistics Annual from 2007. These data show a positive picture.

I also examined the average age of the 238 residents according to their marital status; my findings are shown in figure 39. The lowest age belongs to married men, although there are only 10 of them, their average age is 74,68 years. There are 11

married women, but their average age is a bit higher, it is 74,68 years. There are 187 widowed residents, from whom there are only 40 men and the rest, 147 residents are women. The average age of the widowed is 78,45 years, which is four years longer than the average age of married men. The highest average age, which is 81,74 years, belongs to single people, they are 21 women and 9 men. In the examined population the lowest average age belongs to married men, and the highest belongs to single people.

However, elderly people acquire several **chronic diseases** by this time. According to the Health Statistics Annual, the leading diseases in Hungary are the diseases of the circulatory system, which is as high as 50% in the Hungarian population. In the examined population 83% of women and 78% of men suffer from cardiovascular diseases. These data are a lot higher than the national average, which is only 50%. The occurrence of diabetes mellitus is 6% in the Hungarian population, as it is shown in figure 37. However, among the residents it is higher, 20% among women and 11% among men, as a whole it is 18%. It is three times more common than the national average is.

5.2. Discussion of H_6 H_{11} H_{12} hypothesis

The interrelation of the number of years in retirement, occupation and life functions

H_6 I assume that the residents of the homes have been in retirement for at least 20 years.

H_{11} I assume that a lot of residents take part in the free time activities.

H_{12} I assume that the life functions of the residents are not very good any longer.

From the 179 female residents 87 have been **pensioners** for 21-30 years, from the 59 male residents only 18. 24% of women have been pensioners for 31-40 years, but only 3% of men have been pensioners for such a long time. This difference can be explained by the fact that men were allowed to retire at the age of 60, while women at the age of 55. These data are shown in table 81. From the residents the number of those who have been pensioners for 0-10 years is almost the same as those, who have been pensioners for 31-40 years, 13% and 19% respectively. 44% of the residents have been pensioners for 21-40 years, their rate is the highest. They are 75-80 years old, tired and suffer from several chronic diseases. As a matter of fact the residential homes should be prepared to satisfy the needs of these people.

That is why **occupation** of these people and creating the conditions for pleasant daily activities are great tasks. It is especially important for those 43 residents (34 women and 9 men) who have not left the institution since they moved in; the data are shown in table 83. 23 people are not able to leave the room alone, for them recreation, games and entertaining programmes would be essential. For the elderly residents the most popular way of spending free time is watching TV, this activity does not require any physical exertion. But there are much more possibilities for occupation, spending free time in a useful way if these activity are professionally planned. That is why I find it important that a professional recommendation should be made for the daily practices, for the application of the **occupational plan.**

Human body gradually wears out as the age passes by. **Life functions** change at an old age, often they deteriorate. From the residents 23% have good life functions, 30% have bad life functions, and the data are shown in table 85. Almost half of the residents, 47% said that their life functions were satisfactory. Many residents use various aids in order to have a satisfactory lifestyle; the data are shown in figure 36.

5.3. Discussion of H_{14} H_{15} hypothesis

Nutritional state

H_{14} I assume that the residents' nutritional state is satisfactory, they are not malnourished according to the results of the MNA assessment test.

H_{15} I assume that the results will be different between the genders according to the MNA assessment test.

There is quite a big difference in the **body weight** of the residents interviewed according to appendix 4. The least weight is 30kg among women and 48kg among men, which is very little. The maximum weight is 116kg among women and 110kg among men. The BMI average value is 25,3kg/m^2, which is presented in table 86. This value is the same for both genders, the **BMI** average value for women is 25,4kg/m^2, for men it is 25,1kg/m^2. According to the BMI value, the nutritional state of residents is satisfactory if their value is 20-25kg/m^2 .We can state that the examined residents in the homes have satisfactory nutritional state according to their average values, their **MNA** values are good too, it is shown in table 87. 42% of the residents are in a satisfactory nutritional state, another 42% have a risk of malnutrition and 16% is evidently malnourished.

According to appendix 9. 75% of the residents did not have a change in their appetite; this is a really important datum when the nutritional state is examined. According to appendix 10. 73% of the residents did not lose weight in the last 3 months, only 4% of the residents lost less than 3kg in the last 3 months. According to appendix 19. everybody has meals three times a day, except for one resident.

According to appendix 20. 68% (83+81 people) of the residents have satisfactory protein intake, half of the residents eats enough vegetables and fruit, but the other half does not. The fluid intake is not satisfactory. According to appendix 22. 35% of the residents have satisfactory fluid intake daily, 57% of them do not have enough fluid intake and 6% drink less than 3 glasses of liquids a day. Fluid intake is really important for elderly people, because if it is not satisfactory, they will get confused. The nurse must pay attention to how much elderly people drink.

5.4. Discussion of H_1 H_2 H_3 hypothesis

Age, number of children, visits

H_1 I assume that the number of female residents is higher than the number of male residents in the seven examined residential homes.

H_2 I assume that number of children of those who were surveyed is at least two, concerning two adults, namely a couple, and at least ensuring offspring is satisfactory.

H_3 I assume that the residents in the homes are visited frequently, their children and grandchildren visit them at least once a week.

The 238 residents are **visited** mainly by their children. Fortunately, the only childless resident is also visited. In table 79. you can see that 50% of the residents are visited at least once a week. That is why it is an important aspect when choosing an institution that it should be at the same place where their children and relatives also live. Figure 40. shows a very interesting situation, namely, older residents are more often visited than a bit younger residents. For example, residents over 80 are **visited** daily or weekly, while residents between 70 and 80 are visited once a month or once in a quarter of a year. There are 12 residents (5%) who have never been visited. They have made good relationships with the other residents and with the staff of the institution.

The 238 residents have 414 **children** altogether, but 20% of the residents (48 people) did not have any children at all. From the children only 357 are still alive, 57 died. According to table 78. the child:adult rate is 1,08, which is extremely low, in

Hungary it is 1,32. It does not provide the natural reproduction. This could be the cause of the tendency that the rate of the younger generation is decreasing, while the rate of elderly people is increasing, this rate is shown in table 1.

As a result of the research, the defined 15 hypotheses have been proved.

H_1 I assumed that the number of female residents is higher than the number of male residents in the seven examined residential homes - it is true, because the proportion of female residents is 75%, the proportion of male residents is 25%.

H_2 I assumed that number of children of those who had been surveyed was at least two, concerning two adults, namely a couple, and at least ensuring offspring was satisfactory - it has not been proved, because the child rate is only 1,04.

H_3 I assumed that the residents in the homes were visited frequently, their children and grandchildren visited them at least once a week - it has been proved, because 62% of the residents are visited every week.

H_4 I assumed that the compulsory fee paid by the residents was 80% of their pension - it is true for 6 examined institutions, but in 1 institution residents pay the same amount of money, 45000HUF a month.

H_5 I assumed that when the elderly people had chosen a home, it had been an important aspect for them that the home had been in the same settlement as where they had lived before - it is true for 40% of the residents.

H_6 I assumed that the residents of the homes had been in retirement for at least 20 years - it has been proved, because 44% of the residents have been pensioners for 21-30 years.

H_7 I assumed that the amount of the residents' pension followed the national average - it is not typical, because the average pension of male residents is higher than the national average, while the average pension of female residents is lower than the national average.

H_8 I assumed that most of the elderly people hade made the decision themselves to move into a residential home - it has been proved, because 55,5% of the residents chose the residential home for themselves.

H_9 I assumed that the most important expectation concerning the home had been that nursing and care should be provided for the elderly - it has been proved, because 45% of the residents chose this reason in the first place.

H_{10} I assumed that the residents left the building and went out now and then in order to keep up former relationships - it has been proved, because 71% of the residents are able to leave the building.

H_{11} I assumed that a lot of residents took part in the free time activities - it has been proved only partly, because only 48% of the residents take part in the activities.

H_{12} I assumed that the life functions of the residents were not very good any longer - it has been proved, because the residents have several bad life functions.

H_{13} I assumed that the most common illnesses of the residents were the diseases of the circulatory system and cardiovascular diseases - it has been proved, because 89% of the female residents and 77% of the male residents suffer from cardiovascular diseases.

H_{14} I assumed that the residents' nutritional state was satisfactory, they are not malnourished according to the results of the MNA assessment test - it has been proved partly, because 42% of the residents' nutritional state is satisfactory, and 42% face risk factors.

H_{15} I assumed that the results would be different between the genders according to the MNA assessment test - it has not been proved, there was no significant difference between the genders, 42% of female residents and 41% of male residents have satisfactory nutritional state.

6. Conclusion

The proportion of elderly people over 65 was 17% in the membership countries of the European Union in 2000. This number might reach 30% in the next 50 years (by 2050). By this time the oldest inhabitants will have had at least one chronic disease; they will have made up most of the total number of days spent in hospital.

These numbers prove that the care of elderly people must be organized. We can meet the practice of gerontological nursing in hospitals, clinics, residential homes, long term homes and day care centres for old people. Elderly people need special care. They have to live through the physiological and functional changes of their age. When these changes accompany with some chronic diseases causing deficiencies, the risk factors of complications increase, such as infections, injuries, traumas, breathing difficulty, degeneracy caused by the unability to use a part of the body, skin damage, locomotor disorders, just to mention a few.

In this age-group the psycho-social behaviour changes. Elderly people experience many kinds of losses, so they need a special kind of care and support. Besides planning their care, we have to define not only their problems, but we should see clearly how strong they are and what they are able to do. The challenge is enormous for the nurses and social workers. The interventions need creativity, patience and care. The essence of gerontological care does not only mean the lengthening of lifetime, but also how to realize the possible optimal lifestyle throughout the whole duration of life.

The Aims of the Dissertation Research

1. To show, analyze and compare the **life quality** of elderly people who live in the residential homes, as well as to assess their **nutritional state**.
2. After comparing the research data, we make suggestions for the participating residential homes how to improve the **quality** of nursing and caring.
3. Because of the lack of occupation, we work out and develop an **occupational standard** to preserve the physical and mental abilities of the residents.

According to the results of the research, it has achieved the aims that were set.

As a result of the research, the defined 15 hypotheses have been proved.

H_1 I assumed that the number of female residents was higher than the number of male residents in the seven examined residential homes - **it is true.**

H_2 I assumed that the number of children of those who had been surveyed was at least two, concerning two adults, namely a couple, and at least ensuring offspring was satisfactory - **it has not been proved.**

H_3 I assumed that the residents in the homes were visited frequently, their children and grandchildren visited them at least once a week - **it has been proved.**

H_4 I assumed that the compulsory fee paid by the residents was 80% of their pension - **it is true** for 6 examined institutions, but in 1 institution residents pay the same amount of money.

H_5 I assumed that when the elderly people had chosen a home, it had been an important aspect for them that the home had been in the same settlement as where they had lived before - **it is true.**

H_6 I assumed that the residents of the homes had been in retirement for at least 20 years - **it has been proved.**

H_7 I assumed that the amount of the residents' pension followed the national average - **it is not typical.**

H_8 I assumed that most of the elderly people had made the decision themselves to move into a residential home - **it has been proved.**

H_9 I assumed that the most important expectation concerning the home had been that nursing and care should be provided for the elderly - **it has been proved.**

H_{10} I assumed that the residents left the building and went out now and then in order to keep up former relationships - **it has been proved.**

H_{11} I assumed that a lot of residents took part in the free time activities - it has been proved.

H_{12} I assumed that the life functions of the residents were not very good any longer - **it has been proved.**

H_{13} I assumed that the most common illnesses of the residents were the diseases of the circulatory system and cardiovascular diseases - **it has been proved.**

H_{14} I assumed that the residents' nutritional state was satisfactory, they were not malnourished according to the results of the MNA assessment test - **it has been proved.**

H_{15} I assumed that the results would be different between the genders according to the MNA assessment test - **it has not been proved.**

In the **research** was examined the hypothesis that I had set among the elderly people in 7 residential homes. I have not found differences depending on whether it was a home run by the local government, the church or a foundation. The basic needs of the 238 elderly people are satisfied, but there are some areas to be improved, such as occupation. The elderly people should feel that they are still useful; they should be able to satisfy their needs for self-estimation. Their days should be filled with various programmes; a well qualified occupational therapist should be employed to carry out this task. He or she can draw up an occupational plan with suitable expertise for the elderly people living in residential homes.

The **results** of the research of the dissertation highlight the fact that the residential homes do not employ well-qualified specialists, who should be responsible for the daily activities and occupation of the residents. The nurses deal with the free time activities besides doing their daily nursing duties. That is why one of the proposals of the research is that institutions with fewer residents should employ a part time occupational therapist, while institutions with more than 30 residents should employ a full time qualified occupational therapist. Their responsibilities are the following, which are part of the nursing process:

1. The assessment of the needs and state of the residents, such as physiological state, mental ability, cognitive ability, emotional state, existing diseases. They should consult family members, nurses to achieve this, because it is important to get a picture of the former lifestyle of the elderly people.
2. Planning the individual and holistic occupation. It should be discussed with the residents personally. They should be won over the realization of the plan. These could be general, when all the residents take part in the programmes or emphasizing participation in programmes which only few residents are concerned about. The plan may be drawn up for a short or a longer period, even for years.
3. The implementation and adaptation of the planned programmes, activities. They should be continuous, elderly people should not skip any time. It is important to keep fit both mentally and physically, to preserve the existing functions. There might be daily activities, special programmes organized on special occasions or periodical

programmes. These programmes could be run by the staff, but leaders from outside should be invited as well. People coming from the outside world may turn the ordinary day into a pleasant event.

4. The efficiency and the success of the occupation should be **evaluated** at least every month, whether the planned targets have been achieved with the programmes. The factors which influenced the elderly people's day in a positive way must be revealed, as well as the negative effects. Specialists should do their best to avoid negative effects on elderly people.

Offering to the practice implementation

Occupational Plan

In the residential homes for elderly people a **caring plan** should be made for each person, which contains all the tasks for the care of the person. The leader of the institution should be responsible for having the plan made and for carrying out the tasks defined in it. The caring plan should be made together with the person who requires the care. The caring plan should be made by a work team, involving the experts who directly deal with the elderly person, the occupational therapist, the mental hygienic specialist, the doctor, the kinesics therapist.

<u>The personal caring plan contains the following:</u>

-the physical and mental state of the person who needs care,

-the proposed tasks and the schedule needed for the improvement and preservation of state,

- the elements of giving help to the person cared.

This caring plan should be evaluated every year in details, and if needed, the personal caring plan should be modified. The evaluation involves the efficiency, the effectiveness of the caring plan, in harmony with the nursing-caring work which is done in the institution.

If the cared person also needs nursing because of his/her state, the personal care plan should contain a **nursing plan.** It should contain the documentation of the nursing tasks, namely the tasks to be carried out for improving the state of the cared person, as well as the techniques to be applied.

The nursing plan contains the following:

-the description of the health state of the person who requires nursing,

-the detailed description of the nursing process,

-the expected length of time of nursing,

- proposing nursing in another institution, if needed (placement in a hospital).

The leader of the institution should continuously follow the professional realization of the nursing tasks.

Occupation means the occupation of people who live in the institution. It takes place within the institution. An **occupational plan** should be made. They are independent plans, but they build on and complement each other.

The character of occupation:

-in the surroundings of the institution doing minor, complementary tasks, like repairing things, keeping their environment in order inside and outside the building.

Occupation is needed in residential homes so that elderly people should upkeep their right to work, occupation, and the achievements in their occupation should be preserved.

The occupational professional programme contains the following:

- the forms of occupation,
- the number of participants,
- the activities,
- the personal and material conditions,
- the topics of the occupational programme.

The occupational plan includes the following:

- the characteristic features of the person who takes part,
- occupational goals, tasks and the applied methods to realize them,
- the forms of motivation, mental support and helping services in connection with the occupation,
- the duration and schedule of the occupation.

A. Creative workshop: making gifts, knickknacks

Making gifts and wrappings from paper

Making knickknacks

Making toys by using various materials

Weaving carpets (a loom is provided)

Applied techniques: making candles, casting plaster, painting, painting glass, making gifts, and other objects by using fur, pearls, glass, and textile.

The effects on personality development: planning colours, choosing harmony according to colours, creativity, brainstorming, refreshing sewing skills, using tools, practising various techniques, combining various materials.

B. Looking after a park, a green area, plants.

The effects on personality development: refreshing knowledge how to care plants, persistency in work, developing independence, creating the feeling of responsibility.

Aim: to make elderly people feel the love of work, to help motivation of work. Elderly people should take part in the whole phase of the occupation, not only in one work process.

Occupation with curing effects has three important areas:

1. socio-therapy (group activity)
2. occupational therapy (creative therapy activities)
3. socio-cultural activities (useful activities in the free time).

Regular occupational programmes for the week: Table 100.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Reading the daily news from papers Health education Doing exercises	Reading the daily news from papers Singing Doing exercises	Reading the daily news from papers Making candles Casting plaster Doing exercises	Reading the daily news from papers Making the menu for next week Doing exercises	Reading the daily news from papers Doing origami Plasticine modelling Doing exercises

Afternoon	Bibliotherapy Making ceramics Doing exercises	Dancing Needlework, Sewing, Weaving Doing exercises	Free time activity Literature Doing exercises	Making pictures from crops Music Doing exercises	Cleaning the yard Making objects for decorations Doing exercises

Occasional programmes:

- going to the theatre
- cooking in the garden, barbecue
- going on excursions for one or more days
- inviting another institution
- carnival, celebrating Father Christmas, mid-summer night
- celebrating the national holidays
- programmes greeting the new seasons, for example, greeting spring
- inviting kindergarten and school children, performance
- celebrating name days and birthdays
- inviting actors and actresses
- organizing competitions
- taking part in the local (city or village) programmes
- health programmes
- intellectual quiz shows
- playing “Activity”

Occupational considerations:

- keeping concentration skills
- accepting being directed
- tasks improving manual skills and abilities, mental skills
- ensuring the feeling of success
- learning efficient behaviour

The possibilities of occupational therapy Table 101.

Art therapies	*Creative therapies*	*Hobby therapies*
Making ceramic statues	Weaving rugs	Propagation plants
Making pearl necklaces	Needlework	Looking after plants
Making pictures from crops	Making toys and puppets	Looking after the park
Making ornaments	Sewing	

The goals of the therapy:

- increasing number of individual ideas
- the development of subtle movements and making them appropriate
- improving concentration skills
- improving orientation.

Creativity, social connections, re-learning things, improving skills, successful adaptation and doing things together, all aim at spending free time in an efficient way.

The personal conditions of occupation:

- a movement therapist should be employed in 8 hours a week in case of 100 people
- social, mental hygienic staff should be employed (1 person in case of 50 people)
- occupation organizer should be employed (1 person in case of 50 people)

The material conditions of occupation:

-providing suitable room and tools according to the number of people.

Elderly people should spend their free time in a useful way, they should not feel that they are needless, they should not trouble anybody, but they should not trouble themselves.

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8. Key words

Ageing-population
Elderly people
Holismus
Life quality
Nutrition and occupation
Residential homes
Social care

9. Abbreviations

BMI – Body Mass Index

CDC – Centres for Diseases Control and Prevention

MNA – Mini Nutrition Assessment

OECD – Organization for Economic Coorperation and Development

OEEC – Organization for European Economic Coorperation

SEM – Social-Ecological Model

SZCSM – Social and Family Ministry

WHO – World Health Organization

10. Appendix

Appendix 1. Questionnaire

Appendix 2. Statistics from the age

Appendix 3. Total age

Appendix 4. Mini nutrition assessment

Appendix 5. Statistics from body weight

Appendix 6. Total weight

Appendix 7. Statistics from the height

Appendix 8. Total height

Appendix 9. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

Appendix 10. Weight loss during the last 3 months

Appendix 11. Mobility

Appendix 12. Has suffered psychological stress or acute disease?

Appendix 13. Neuropsychological problems

Appendix 14. Statistics from BMI results

Appendix 15. Total BMI

Appendix 16. Lives independently (not in a nursing home or hospital)

Appendix 17. Takes more than 3 prescription drugs per day?

Appendix 18. Pressure sores or skin ulcers

Appendix 19. How many full meals does the patient eat daily?

Appendix 20. Selected consumption markers for protein intake

Appendix 21. Consumes two or more servings of fruits or vegetables per day?

Appendix 22. How much fluid (water, juice, coffee, tea, milk, ..) is consumed per day?

Appendix 23. Mode of feeding

Appendix 24. Self view of nutritional status

Appendix 25. In comparison with other people of the same age, how does the patient consider his/her health status?

Appendix 26. Mid-arm circumference (MAC) in cm

Appendix 27. Calf Circumference (CC) in cm

Appendix 28. Statistics from MNA results

Appendix 29. Total MNA

Appendix 1.

Questionnaire for residents

Choose your answer by underlining or filling in.

Your age: …….. years old gender: male female

Marital status: -single
-widow/widower
-married

How long have you been living in this home for elderly people/institution?
for……years or for ……. months
Do you live only in this home? yes no
Did you live in another home before? yes no
How long did you live there? for…..years or for ……months

Number of your children still alive: ……
Number of children who died: ……..
Do you have a wife / a husband / a partner who is alive?

Do you have any members of family still alive, and how far do they live from you?
1. child yes no If yes, how far does he/she live from you? ……..km
2. child yes no If yes, how far does he/she live from you? ……..km
3. child yes no If yes, how far does he/she live from you? ……..km
4. child yes no If yes, how far does he/she live from you? ……..km
more children yes no If yes, how far does he/she live from you? ……..km
husband/wife/partner yes no If yes, how far does he/she live from you? ……km

1.sibling yes no If yes, how far does he/she live from you? ……km
2. sibling yes no If yes, how far does he/she live from you? ……km
3. sibling yes no If yes, how far does he/she live from you? ……km
more siblings yes no If yes, how far does he/she live from you? ……km

How much is your income, pension or allowance? ……Ft

Do you get any further financial support? yes From whom? ……..
no
Do you have any savings? Yes no

Do you take any medicines regularly? -daily, on instructions yes no
-daily, on recommendation yes no
-daily, on my own decision yes no

How many medicines do you get from the home on compulsory payment?
-daily, on instructions all partly nothing
-daily, on recommendation all partly nothing
-daily, on my own decision all partly nothing

Are you entitled to free national health service? Yes no

Why did yoou choose this home?
-it is at the same place as my previous place of living
-I have some kind of attachment to this settlement
-at the time of my application only this home could provide me a room
-there was no waiting list
-there was no need to pay a higher amount for admission
-I have a good friend, a member of the family living here
-I like the building and the environment
-this was the only solution
-other reasons

Who chose this home for you?
-myself
-my child/children
-my husband/my wife
-my breadwinner(s)

Do they visit you in the home? yes no

How often are you visited?

- daily
- once a week
- at least twice a week
- once a month
- twice a month
- once in every three months
- twice in every three months
- once in half a year
- twice in half a year
- even more rarely
- they have not visited me yet

What state of mind are you in after your visitors leave?

- I get calm
- I am upset
- It does not mean anything to me
- I look forward to seeing them
- I do not look forward to seeing them at all

What expectations did you have in connection with the home?

What free time activities do you take part in actively?
-
-
-
-
-

What free time activities do you take part in passively?
-
-
-
-
-
-

What is your opinion about the meals? You can choose more.

A. –they are delicious
-they are served in a nice way
-they are too greasy
-they contain too much carbohydrate
-the bread and rolls are always fresh
-they are varied
-I often get what I like very much
-I do not like the food we get here

B. –we are also involved in planning the menu
-our requests are taken into account

C.–I often buy some supplement in the buffet
-I often get supplement from my relatives
-even the carers/nurses bring me food I like

The need of exercise

How much exercise do you do a day?
-I do not get up from bed all day
-I do not leave the room all day
-I only move in a closed area
-I go to the terrace or the yard
-I leave the building

How often do you leave the area of the institution?
-I have not left it since I moved in
-daily
-every second day
-three times a week
-once a week
-even more rarely

Free time activities

How do you spend your day?
- listening to the radio
- watching TV
- attending club activities

- woking in the garden
- doing needlework
- reading daily papers, books –please underline the suitable for you
- looking after flowers

What are your life functions like? Please put x in the suitable coloumn.

	Good	Suitable	Bad
Vision			
Hearing			
Moving			
Chewing			
Equilibrium			
Orientation			

What aids do you use in your daily life? Please put x in the suitable coloumn.

Wheelchair	Walking aids(stick, walking frame)	Glasses	Hearing aid	False teeth	Incontinentia pants

Do you have a chronic illness concerning the following areas?

Respiratory system		Extrectory system	
Circulatory system		Digestive system	
Locomotor desease		Diabetes	
Others			

Questionnaire for the institution
Choose your answer by underlining or filling in.

Type of the home:
-owned by the local government
-owned by the church
-private ownership
-owned by a foundation

The maintainer of the institution:
-local government
-church
-private individuals

Type of the institution:……

The number of constant residents of the home on this day: …… people

Is there a waiting list: yes no

If yes, the number of applicants on the waiting list at present: ……..people

What is the number of the deceased residents? Please fill in the coloumns with the necessary data.

	in 2008	in 2007	in 2006	in 2005	in 2004
the number of deceased residents					

How much does a resident pay a month? …….Ft., if there is a fixed amount for everybody.
Or is it 80% of the pension or allowance from everybody? Yes no

When was the home opened? In …….

Have there been any important developments, reconstructions or modernization? Yes no
If yes, what were they? Please give a brief summary.
……
……

The arrangement of rooms, according to the number of beds:

…… room(s) with 1 bed
……room(s) with 2 beds
……...room(s) with 3 beds
……..room(s) with 4 beds
……room(s) with 5 beds
……room(s) with 6 beds

Are there any different ones from these? Yes no
If yes, what are they like?
……
……

Are there any vacant rooms? Yes no

How many peole can the institution accomodate? ……people. How many women? …..…How many men?.....

The number of residents living in the institution now: ……..people, women:……., men:……

To what extent are the residents self-relient?
…….people are completely self-relient
…….people are partly self-relient, they need some help
…….people are not self-relient at all, they need costant help

How long has the institution been operating on these premises? For ……. year(s)

It has always operated on these premises: yes no
If no, from where didi t move here? ……
Why did it have to move here? ……..

What is the floor space of the institution? ……..m2
How big is the garden belonging to it? ……..……m²
How big is the yard belonging to it? …….m2

Where is the institution? In a city or in a village
In the centre of the settlement or in the outskirts of a settlement

Data of employees

-the profession of the head of the institution: ……
highest educational qualification: secondary education, higher education, college, university
-the profession of the 1st deputy director: ……
highest educational qualification: secondary education, higher education, college, university
-the profession of the 2nd deputy director: …….
highest educational qualificaation: secondary education, higher education, college, university
-the profession of the 3rd deputy director: ……
highest educational qualification: secondary education, higher education, college, university
-the profession of the 4th deputy director: ……
highest educational qalification: secondary education, higher education, college, university
- the profession of the 5th deputy director: ……..
highest educational qualification: secondary education, higher education, college, university

The distribution of full time employees

-Number of employees with a university degree:…….people, their qualifications: nurse:……., doctor:……, lawyer:…….., economist:…….., sociologist:…….., political scientist:……, priest:……, minister:….., psychologist:…….., other:……

-Number of employees with a college degree: ……..people, their qualifications: nurse:……, economist:……, social worker:……, teacher:……..,mental hygienic:……., physiotherapist:….., dietitian:…., other:……

-Number of employees with secondary education:……people, their qualifications: nurse:….., therapeutic assistant:……, other:…….

-Number of other employees: courtyard worker:….., laundry worker:……, transport worker:……, receptionist:……
-human resource:…….
-financial area:……..
-accounting:……
-legal representative of the residents:……..

Number of part time employees:…….
-Person 1: post:…… educational qualification:……
-Person 2: post:……...educational qualification:……..…….
-Person 3: post:……educational qualification:……..…….
-Person 4: post:……educational qualification:……..
-Person 5: post:……educational qualification:……..

The conditions of getting into the institution:
-1. on the basis of previous care and professional referral
-2. making a flat fee payment
-3. offering a real estate in proportion to the payment
answers:
-only number 1 -only number 2
-both number 1 and number 2 -number 1 and/or number 2 or number 3

What are the cooking facilities like?
-1. the institution owns a kitchen on the spot
-the meals cooked here are only for the residents
-the meals cooked here are for others as well, e.g. for a school, a kindergarten

-2. meals are cooked in a kitchen in the settlement
-meals are cooked only for the residents
-meals are cooked for others as well, e.g. for a school, a kindergarten

What kind of organized weekly free time activities are there?
-singing
-physical education, exercises, sports
-religious studies
-bible circle
-needlework
-playing cards
-sewing
-literature lectures
-drama group
-gardening
-dance group
-others

How often do the residents go on excursions? ……..
How often do the residents go to the theatre? ……..
How often do the residents go to concerts? ……

How often does the G.P. of the home have consulting hours?
-every day in the home …….hours
-every second day in the home ……..hours
-twice a week in the home ……..hours
-once a week in the home ……..hours

What kind of specialists have consulting hours in the home and how often?
E.g. 1. ……..specialist, how often? ……..
E.g. 2…….specialist, how often? ……..
E.g. 3……specialist, how often? ……..

People with what professions visit the institution regularly?
-daily……
-weekly……..
-monthly……..

How many residents were taken home by a member of family or a relative?
-last week: …….people, from them, only for some hours:……people, for some days:…….people
- in the past two weeks:…..people, from them, only for some hours:……people, for some days…..people
-last month:…….people, from them, only for some hours:……..people, for some days:…….people

Moved into the institution from his/her home last week:……...people
Moved into the institution from his/her home in the past two weeks:……people
Moved into the institution from his/her home last month:…….….people
Moved into the institution from his/her home in the past two months:……..people
Moved into the institution from his/her home in the past three months:……people

Moved into the institution from an in-patient institution or hospital last week:……people
Moved into the institution from an in-patient institution or hospital in the past two weeks:…….people
Moved into the institution from an in-patient institution or hospital last month:……people
Moved into the institution from an in-patient institution or hospital in the past two months:……..people
Moved into the institution from an in-patient institution or hospital in the past three months:……..people

Moved into the institution from another institution last week:……people
Moved into the institution from another institution in the past two weeks:…….people
Moved into the institution from another institution last month:…….people
Moved into the institution from another institution in the past two months:……people
Moved into the institution from another institution in the past three months:…….people

Moved out from the institution to family, relatives last week:……people
Moved out from the institution to family, relatives in the past two weeks:……..people
Moved out from the institution to family, relatives last month:……..people
Moved out from the institution to family, relatives in the last two months:……..people
Moved out from the institution to family, relatives in the last three months:……..people

Moved out from the institution into another institution last week:……..people
Moved out from the institution into another institution in the past two weeks:….people
Moved out from the institution into another institution last month:…….people
Moved out from the institution into another institution in the past two months:….people
Moved out from the institution into another institution in the past three onths:….people

Died in the institution last week:……people
Died in the institution in the past two weeks:……people
Died in the institution last month:……people
Died in the institution in the past two months:……..people
Died in the institution in the past three months:……people

How often do you celebrate the following holidays?
-nameday……....
-birthday…….……
-Father Christmas party…….
-Christmas party……..……..
-carneval…….…..……
-mother's day……..……..
-national holidays: 15th March, 23rd October……
-consecrating bread: 20th August…….
-midsummer night…….
-New Year's Eve…….…...…..
-institution day…….…
-others……..…

How often do the following groups visit the institution?
-kindergarten children…….……
-primary school children…….……
-secondary school children…….……
-others:……

Number of employees:
-director/management…….... -nurses…….…….
-temporary employees…… -administrative employees……
-receptionists……. --drivers……
-kitchen staff……. -background staff……..……

Size of usable living space……..m2

Does the institution have its own kitchen? Yes no

Is there any shortage of staff? Yes no

Is there a chapel? Yes no

Is there a room for piety? Yes no

Is there a room for free time activities? Yes no

Does the home own a car? Yes no

Who uses the car?
- only the management
- only the employees
- residents and employees

Please list the free time club activites by the name:
-choir
-dance club
-football team
-chess club
-bible circle
-literature club
-needlework
-nature tourism club
-gardening club
-others:……..

Do you take out the residents? Yes no

Do you invite residents from other homes (for common programmes)? Yes no

Do the following people visit the institution?
-local kindergarten children yes no
-local school cshildren yes no
-from other institutions yes no

Mini Nutrition Assessment*

Sex: F: …….M: ……. Age: ……..
Weight kg: ……Height cm: ……

Screening

1. Has food intake declined over the past 3 months due to loos of appetite, digestive problems, chewing or swallowing difficulties?
0 = severe loss of appetite
1 = moderate loss of appetite
2 = no loss of appetite

2. Weight loss during the last 3 months
0 = weight loss grater than 3kg
1 = does not know
2 = weight loss between 1 and 3kg
3 = no weight loss

3. Mobility
0 = bed or chair bound
1 = able to get out of bed/chair but does not go out
2 = goes out

4. Has suffered psychological stress or acute disease
0 = yes 2 = no

5. Neuropsychological problem
0 = severe dementia
1 = mild dementia
2 = no psychological problem

6. Body Mass Index (BMI) (weight in kg) (height in cm)
0 = BMI less than 19
1 = BMI 19 to less than 21
2 = BMI 21 to less than 23
3 = BMI 23 or greater

Assessment

1. Lives independently (not in a nursing home or hospital)
0 = no 1 = yes

2. Takes more than 3 prescription drugs per day
0 = yes 1 = no

3. Pressure scores or skin ulcers
0 = yes 1 = no

4. How many full meals does the patient eat daily?
0 = 1 meal
1 = 2 meals
3 = 3 meals

* Developed by Nestle Nutrition Institute

5. Selected consumption markers for protein intake
- at least one serving of dairy products
yes no
- two or more servings of legumes or eggs per week
yes no
- meat, fish or poultry every day
yes no

6. Consumes two or more servings of fruits or vegetables per day
0 = no 1 = yes

7. How much fluid (water, juice, coffee, tea, milk …) is consumed per day
0,0 = less than 3 cups
0,5 = 3 to 5 cups
1,0 = more than 5 cups

8. Mode of feeding
0 = unable to eat without assistance
1 = self-fed with some difficulty
2= self-fed without any problem

9. Self view of nutritional status
0 = views self as being malnourished
1 = is uncertain of nutritional status
2 = views self as having no nutritional problem

10. In comparison with other people of the same age, how does the patient consider his/her health status
0,0 = not as good
0,5 = does not know
1,0 = as good
2,0 = better

11. Mid-arm circumference (MAC) in cm
0,0 = MAC less than 21
0,5 = MAC 31 to 22
1,0 = MAC 22 or greater

12. Calf circumference (CC) in cm
0 = CC less than 31
1 = CC 31 or greater

Assessment max 16 points ……
Screening score …….
Total assessment max 30 points …….

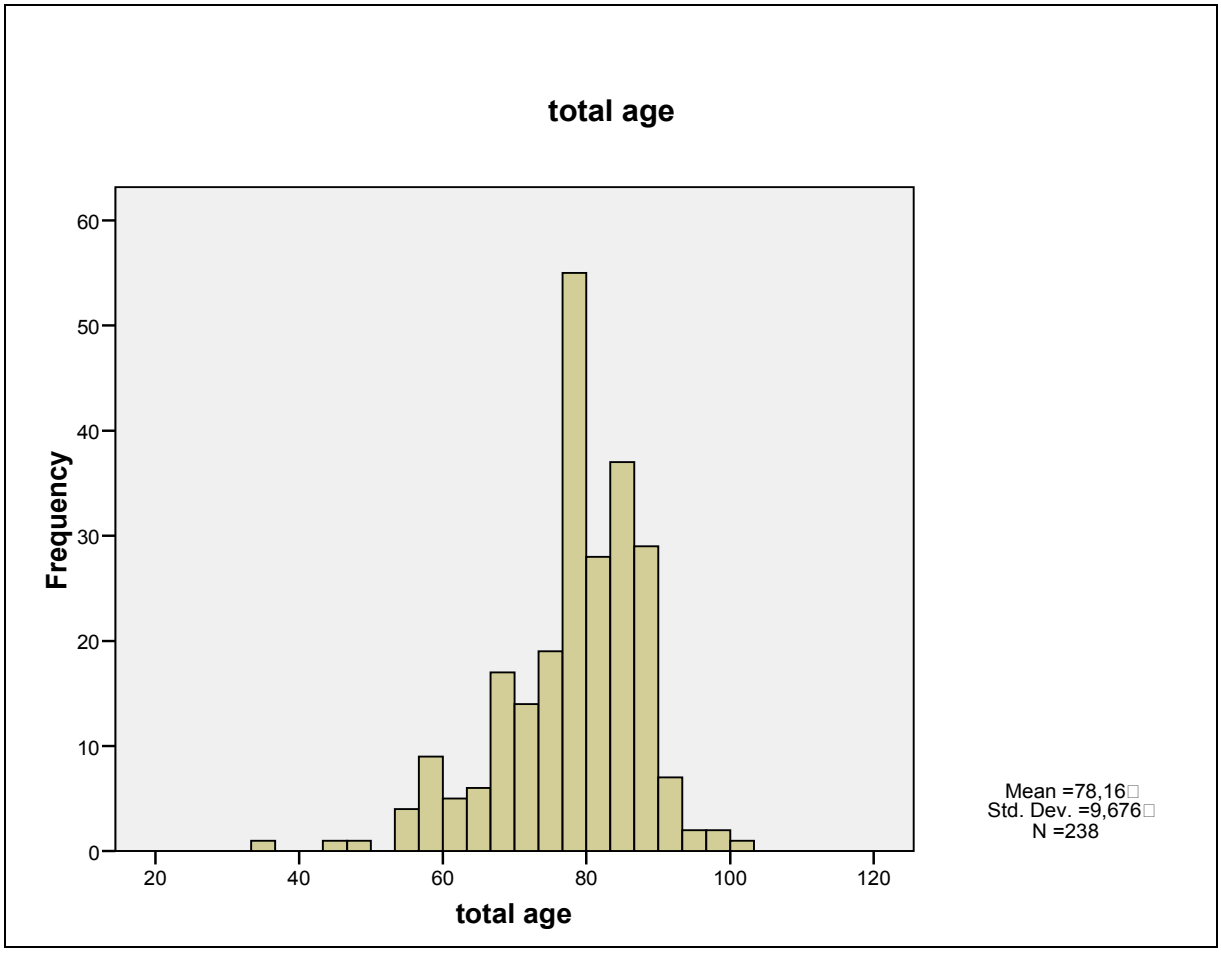
Malnutrition Indicator Score
17 to 23,5 points at risk of malnutrition ...…..
Less than 17 points malnourished ...…..

Appendix 2.

Statistics from the Age

		female age	male age	total age
N	Valid	179	59	238
	Missing	59	179	0
Mean		79,14	75,20	78,16
Median		80,00	78,00	79,00
Mode		77	78	77
Std. Deviation		8,896	11,306	9,676
Range		68	54	68
Minimum		34	44	34
Maximum		102	98	102

Appendix 3.



Appendix 4.

Mini nutrition assessment

	sex	weight kg	height cm	Age
Balkány	**Female**	68,27kg	163cm	80,3year
	Male	66,77kg	171cm	77,66year
	Mean			79,81
	Modusz	49,5	164,5	
	Median	67	165	
	Range	55	31	
Nagyhalász	**Female**	64,25	159	73,08year
	Male	72	169,5	78,16year
	Mean		162,5	78,66year
	Modusz	59,5	164,5	
	Median	60,5	163	
	Range	51	43	
Nyírpazony	**Female**	69,66	162	79,91
	Male	70,45	168	74,90
	Mean	69,5	164,45	78,34
	Modusz	70,5	165,5	
	Median	68	165	79
	Range	59	40	48
Nagyhalász	**Female**	67,45	162	79,02
	Male	73,18	163	71,31
	Mean	69,25	163	76,60
	Modusz	69,5	165,5	
	Median	69	165	
	Range	55	26	
Napkor	**Female**	63,12	165,5	82,25
	Male	64,81	144,3	76,25
	Mean	64,25	158	80,25
	Modusz	54	158	80,5
	Median	62	161	83,5
	Range	53	32	38
Nyírtelek	**Female**	66,58	158,4	79,58
	Male	74,50	173.7	77
	Mean	68,29	161,7	79,02
	Modusz	63	165,5	70,5
	Median	65	160	78
	Range	72	30	33
Foundation	**Female**	63,8	155	73,82
	Male	60	155	78
	Mean	63,7	155	74
	Modusz	60,5	158	83,5
	Median	63	158	77,5
	Range	68	35	55
Total	**Female**	66,16	160,7	79,14
	Male	68,81	163,5	75,2
	Mean			78,16
	Mode			77
	Median			79
	Range			68

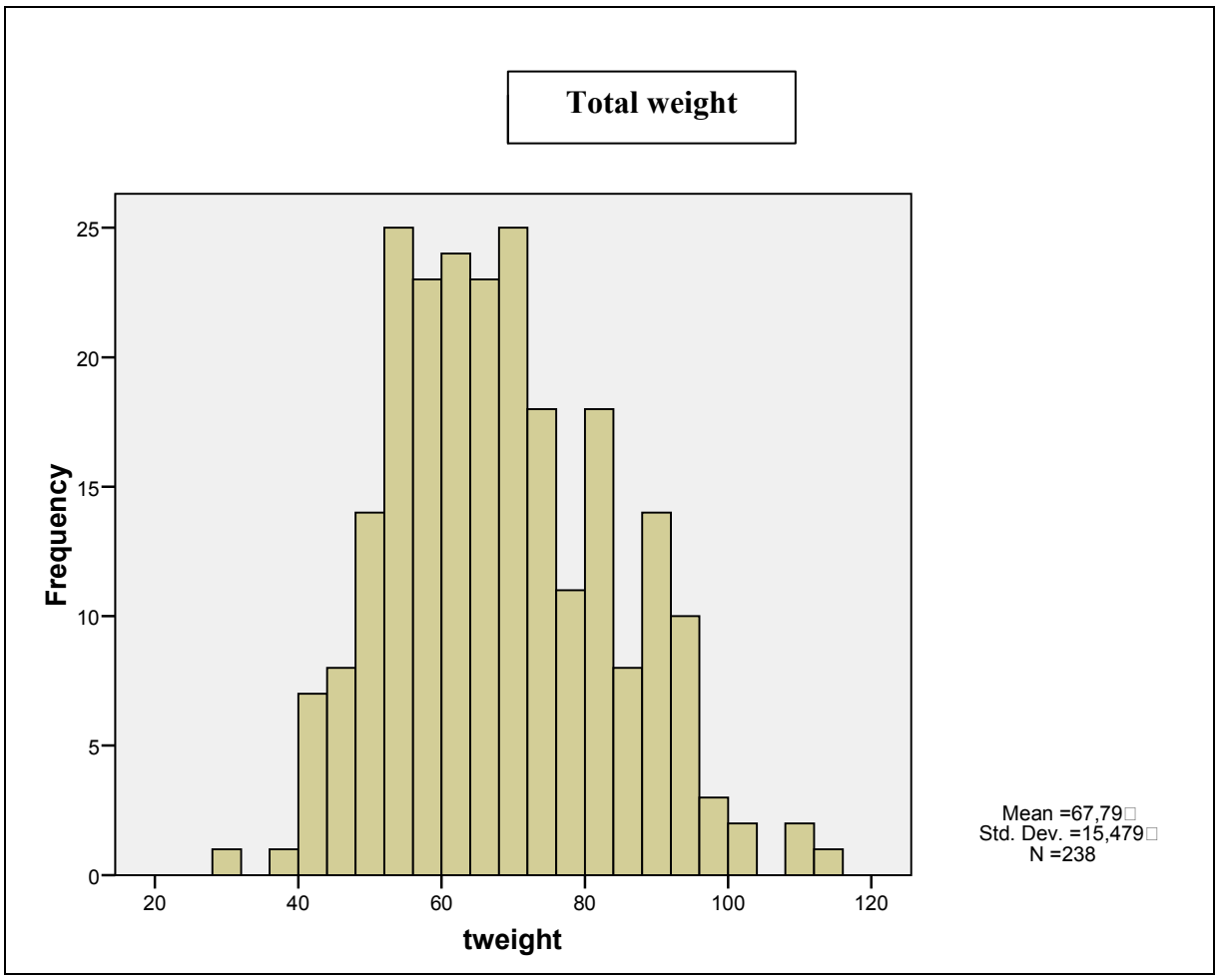
n=238

Appendix 5.

Statistics from body weight

		total weight	female weight	male weight
N	Valid	238	179	59
	Missing	0	59	179
Mean		67,79	66,50	71,68
Median		66,00	64,00	71,00
Mode		70	70	60
Std. Deviation		15,479	15,899	13,521
Range		86	86	62
Minimum		30	30	48
Maximum		116	116	110

Appendix 6.

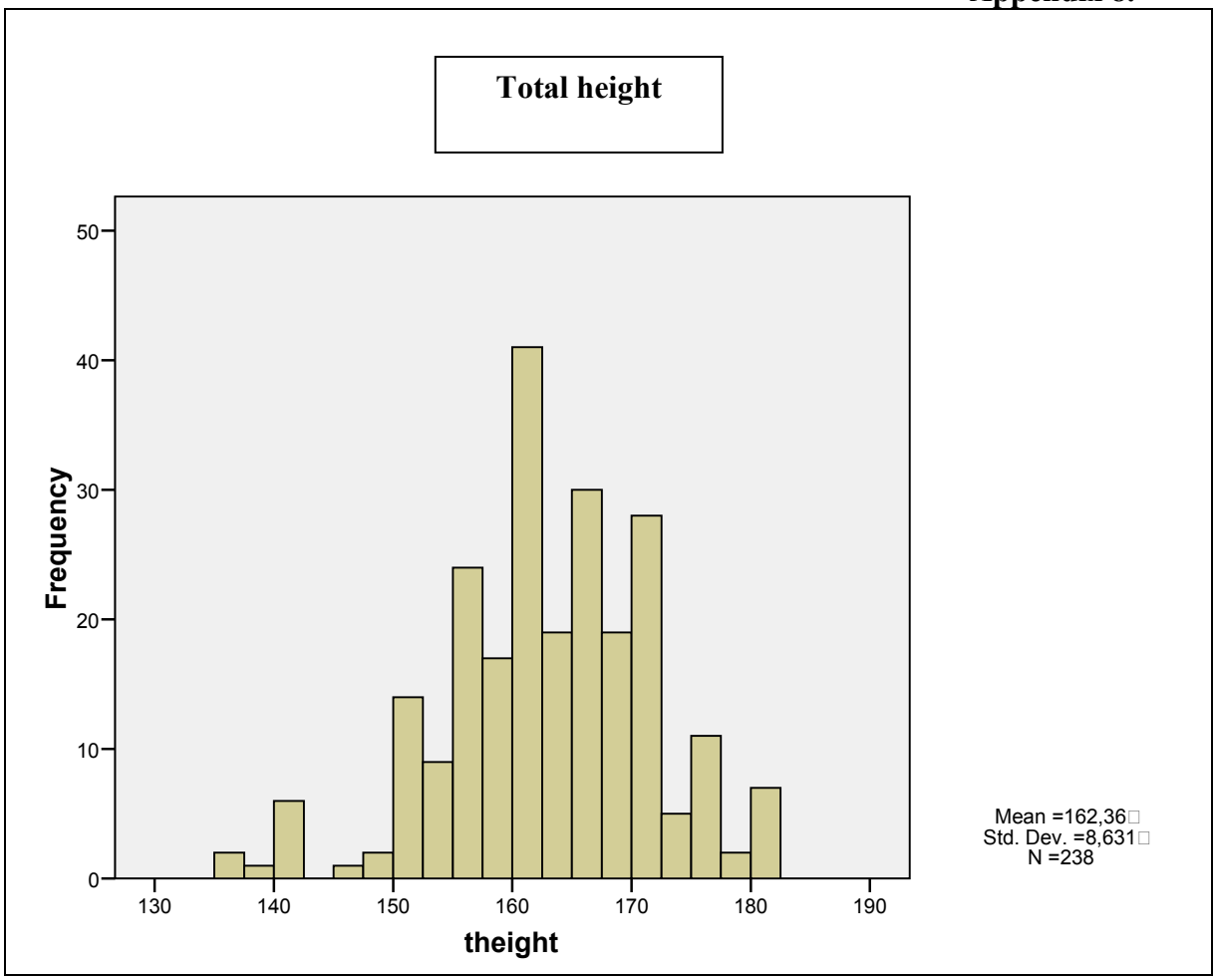


Appendix 7.

Statistics from the height

		female height	male height	total height
N	Valid	179	59	238
	Missing	59	179	0
Mean		160,39	168,34	162,36
Median		160,00	169,00	163,00
Mode		160	170	160
Std. Deviation		8,244	6,885	8,631
Range		45	26	46
Minimum		135	155	135
Maximum		180	181	181

Appendix 8.



Appendix 9.

Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?						
0 = severe loss of appetite		1 = moderate loss of appetite		2 = no loss of appetite		
F	M	F	M	F	M	
2	1	15	5	23	3	Balkány
-	-	2	3	10	3	Nagyhalász
-	-	4	2	20	9	Nyírpazony
-	-	2	1	33	15	Nagyhalász
-	-	6	-	10	8	Napkor
-	-	5	2	24	6	Nyírtelek
1	-	7	1	15	-	Foundation
3	1	41	14	135	44	Total
2%		23%		75%		Total

n=238

Appendix 10.

Weight loss during the last 3 months								
	0 = weight loss greater than 3kg		1 = does not know		2 = weight loss 1-3kg		3 = no weight loss	
	F	M	F	M	F	M	F	M
Balkány	3	1	2	-	8	4	27	4
Nagyhalász	-	-	1	-	2	3	9	3
Nyírpazony	-	-	2	1	4	2	18	8
Nagyhalász	-	-	-	-	2	2	33	14
Napkor	1	-	2	-	6	3	7	5
Nyírtelek	1	3	1	1	4	1	23	3
Foundation	1	-	1	1	1	-	20	-
total	6	4	9	3	27	15	137	37
total	10=4,2%		12=5%		42=17,6%		174=73,2%	

n=238

Appendix 11.

Mobility						
0 = bed or chair bound		1 = able to get out of bed		2 = goes out		
F	M	F	M	F	M	
11	1	13	5	16	3	Balkány
-	1	4	1	8	2	Nagyhalász
2	1	4	2	18	8	Nyírpazony
3	1	10	5	22	10	Nagyhalász
3	-	1	2	12	6	Napkor
7	1	2	3	20	4	Nyírtelek
8	1	5	-	10	-	Foundation
34	6	39	18	106	35	Total
40=16,8%		57=24%		141=59,2%		Total

n=238

Appendix 12.

Has suffered psychological stress or acute disease				
0 = yes		2 = no		
F	M	F	M	
5	3	35	6	Balkány
1	2	11	4	Nagyhalász
2	3	22	8	Nyírpazony
2	4	33	12	Nagyhalász
8	1	8	7	Napkor
4	3	25	5	Nyírtelek
-	-	23	1	Foundation
22	16	157	43	total
38=16%		200=84%		total

n=238

Appendix 13.

Neuropsychological problems						
0 = severe dementia or depression		1=mild dementia		2=no psychological problems		
F	M	F	M	F	M	
8	2	7	3	25	4	Balkány
3	3	-	-	9	3	Nagyhalász
1	3	8	4	15	4	Nyírpazony
6	3	16	8	13	5	Nagyhalász
2	1	7	-	7	7	Napkor
3	1	8	2	18	5	Nyírtelek
2	-	8	1	13	-	Foundation
25	13	54	18	100	28	Total
38=16%		72=30%		128=54%		Total

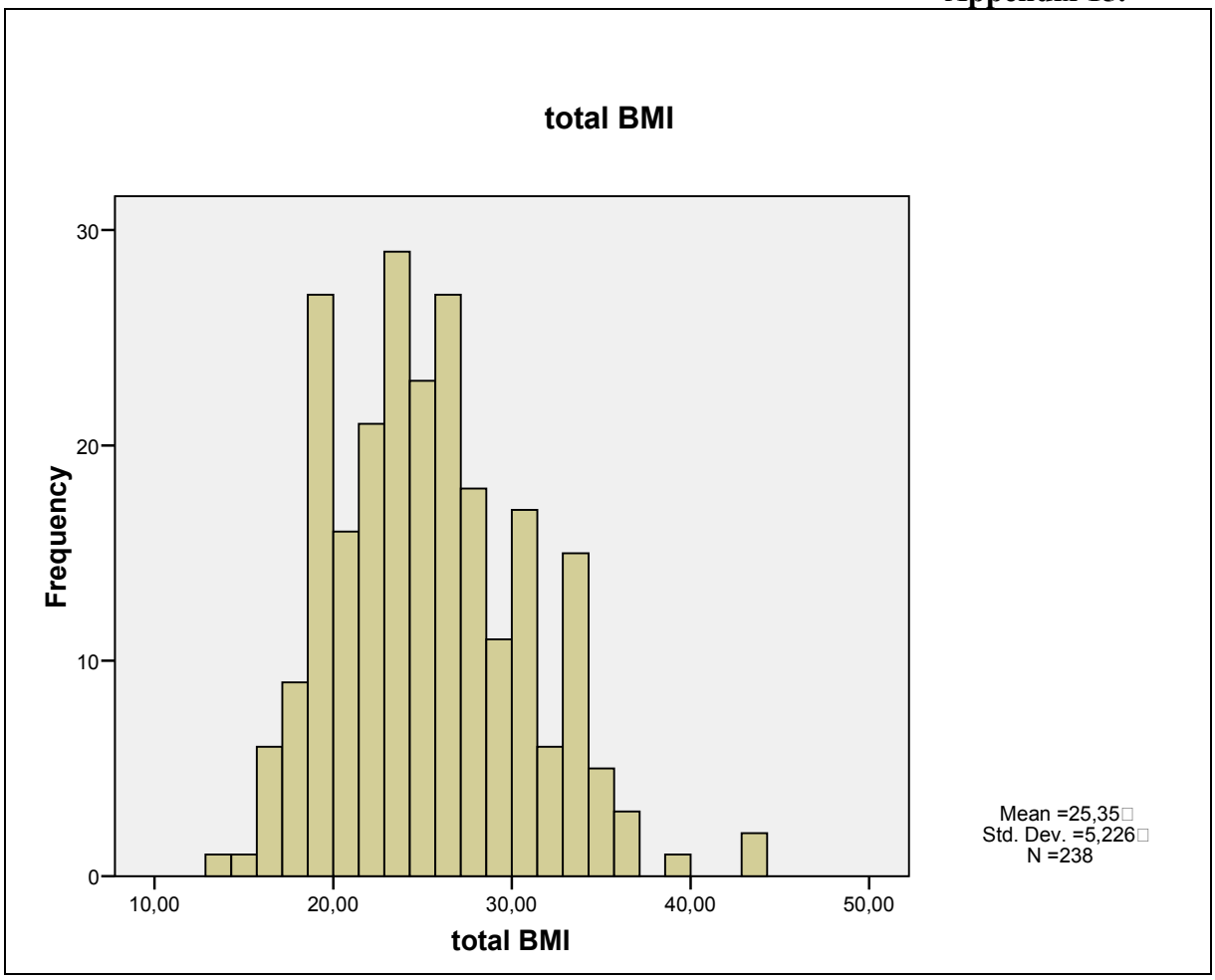
n=238

Appendix 14.

Statistics from BMI results

		female BMI	male BMI	total BMI
N	Valid	179	59	238
	Missing	59	179	0
Mean		25,4206	25,1456	25,3524
Median		25,0000	25,0000	25,0000
Mode		27,00	25,00	27,00
Std. Deviation		5,44777	4,52138	5,22561
Range		30,20	19,40	30,20
Minimum		14,00	16,60	14,00
Maximum		44,20	36,00	44,20

Appendix 15.



Appendix 16.

Lives independently (not in a nursing home or hospital)				
1 = yes		0 = no		
F	M	F	M	
-	-	40	9	Balkány
-	-	12	6	Nagyhalász
-	-	24	11	Nyírpazony
-	-	35	16	Nagyhalász
-	-	16	8	Napkor
-	-	29	8	Nyírtelek
-	-	23	1	Foundation
		179	59	total
		238=100%		total

n=238

Appendix 17.

Takes more than 3 prescription drugs per day				
0 = yes		1 = no		
F	M	F	M	
37	9	3	0	Balkány
12	6	-	-	Nagyhalász
20	9	4	2	Nyírpazony
29	11	6	5	Nagyhalász
14	7	2	1	Napkor
24	8	5	-	Nyírtelek
21	1	2	-	Foundation
157	51	22	8	total
87,4%		12,6%		total

n=238

Appendix 18.

Pressure sores or skin ulcers				
0 = yes		1 = no		
F	M	F	M	
0	0	40	9	Balkány
-	1	12	5	Nagyhalász
4	-	20	11	Nyírpazony
-	-	35	16	Nagyhalász
1	1	15	7	Napkor
3	2	26	6	Nyírtelek
1	1	22	-	Foundation
9	5	170	54	total
5,8%		94,2%		total

n=238

Appendix 19.

How many full meals does the patient eat daily?						
0 =1 meal		1 = 2 meal		2 = 3 meal		
F	M	F	M	F	M	
-	-	1	-	39	9	Balkány
-	-	-	-	12	6	Nagyhalász
-	-	-	-	24	11	Nyírpazony
-	-	-	-	35	16	Nagyhalász
-	-	-	-	16	8	Napkor
-	-	-	-	29	8	Nyírtelek
-	-	-	-	23	1	Foundation
-	-	1	-	178	59	total
				99,5%		total

n=238

Appendix 20.

Selected consumption markers for protein intake						
0 = at least one serving of dairy products (milk, cheese, yoghurt) per day		0,5 = two or more servings of legumes or eggs per week		1 = meat, fish or poultry every day		
yes	no	yes	no	yes	no	
F	M	F	M	F	M	
11	4	11	1	18	4	Balkány
-	-	12	6	-	-	Nagyhalász
1	1	5	2	18	8	Nyírpazony
-	-	18	14	17	2	Nagyhalász
2	-	8	-	6	8	Napkor
1	1	13	2	15	5	Nyírtelek
-	-	16	1	7	-	Foundation
15	6	83	26	81	27	total
21=9%		109=45,7%		108=45,3%		total

n=238

Appendix 21.

Consumes two or more servings of fruits or vegetables per day?				
1=yes		0 = no		
F	M	F	M	
25	4	15	5	Balkány
4	4	8	2	Nagyhalász
17	5	7	6	Nyírpazony
11	-	24	16	Nagyhalász
8	3	8	5	Napkor
15	4	14	4	Nyírtelek
18	-	5	1	Foundation
98	20	81	39	total
118=49,6%		120=50,4%		total

n=238

Appendix 22.

How much fluid (water, juice, coffee, tea, milk, ..) is consumed per day?						
0,0 = less than 3 cups		0,5 = 3 to 5 cups		1,0 = more than 5 cups		
F	M	F	M	F	M	
3	1	27	2	10	6	Balkány
-	1	6	2	6	3	Nagyhalász
4	1	7	5	13	5	Nyírpazony
-	-	22	15	13	1	Nagyhalász
1	-	12	6	3	2	Napkor
5	-	11	6	13	2	Nyírtelek
-	-	16	1	7	-	Foundation
13	3	101	37	65	19	total
16=6,8%		138=57,9%		84=35,3%		total

n=238

Appendix 23.

Mode of feeding						
0 = unable to eat without assistance		1 = self-fed with some difficulty		2 = self-fed without any problem		
F	M	F	M	F	M	
7	-	12	5	21	4	Balkány
1	1	1	2	10	3	Nagyhalász
-	-	4	1	20	10	Nyírpazony
1	1	1	-	33	15	Nagyhalász
-	-	7	3	9	5	Napkor
-	-	4	1	25	7	Nyírtelek
4	1	4	-	15	-	Foundation
13	3	33	12	133	44	total
16=6,8%		45=18,9%		177=74,3%		total

n=238

Appendix 24.

Self view of nutritional status						
0 = views self as being malnourished		1 = is uncertain of nutritional state		2 = views self as having no nutritional problem		
F	M	F	M	F	M	
0	0	18	5	22	4	Balkány
1	1	3	-	8	5	Nagyhalász
-	-	5	4	19	7	Nyírpazony
-	-	2	3	33	13	Nagyhalász
-	-	10	3	6	5	Napkor
-	-	5	2	24	6	Nyírtelek
1	-	9	1	13	-	Foundation
2	1	52	18	125	40	total
3=1,3%		70=29,4%		165=69,3%		total

n=238

Appendix 25.

In comparison with other people of the same age, how does the patient consider his/her health status?								
	0,0 = not as good		0,5 = does not know		1,0 = as good		2,0 = better	
	F	M	F	M	F	M	F	M
Balkány	11	5	10	3	10	-	9	1
Nagyhalász	2	1	6	3	3	2	1	-
Nyírpazony	1	1	4	2	14	7	5	1
Nagyhalász	6	2	9	6	15	6	5	2
Napkor	6	2	9	4	1	2	-	-
Nyírtelek	5	5	11	-	8	2	5	1
Foundation	1	-	11	1	7	-	4	-
total	32	16	60	19	58	19	29	5
total	48=20,2%		79=33,2%		77=32,3%		34=14,3%	

n=238

Appendix 26.

Mid-arm circumference (MAC) in cm						
0,0 = less than 21		0,5 = 21-22		1,0 = 22 or greater		
F	M	F	M	F	M	
4	2	9	-	27	7	Balkány
1	1	-	-	11	5	Nagyhalász
1	-	7	5	16	6	Nyírpazony
1	-	2	-	32	16	Nagyhalász
5	-	7	3	4	5	Napkor
6	1	5	1	18	6	Nyírtelek
-	-	7	-	16	1	Foundation
18	4	37	9	124	46	total
22=9,3%		46=19,3%		170=71,4%		total

n=238

Appendix 27.

Calf Circumference (CC) in cm				
0=CC less than 31		1=CC 31 or greater		
F	M	F	M	
10	2	30	7	Balkány
5	2	7	4	Nagyhalász
6	4	18	7	Nyírpazony
3	-	32	16	Nagyhalász
7	2	9	6	Napkor
9	2	20	6	Nyírtelek
6	-	17	1	Foundation
46	12	133	47	total
58=24,4%		180=75,6%		total

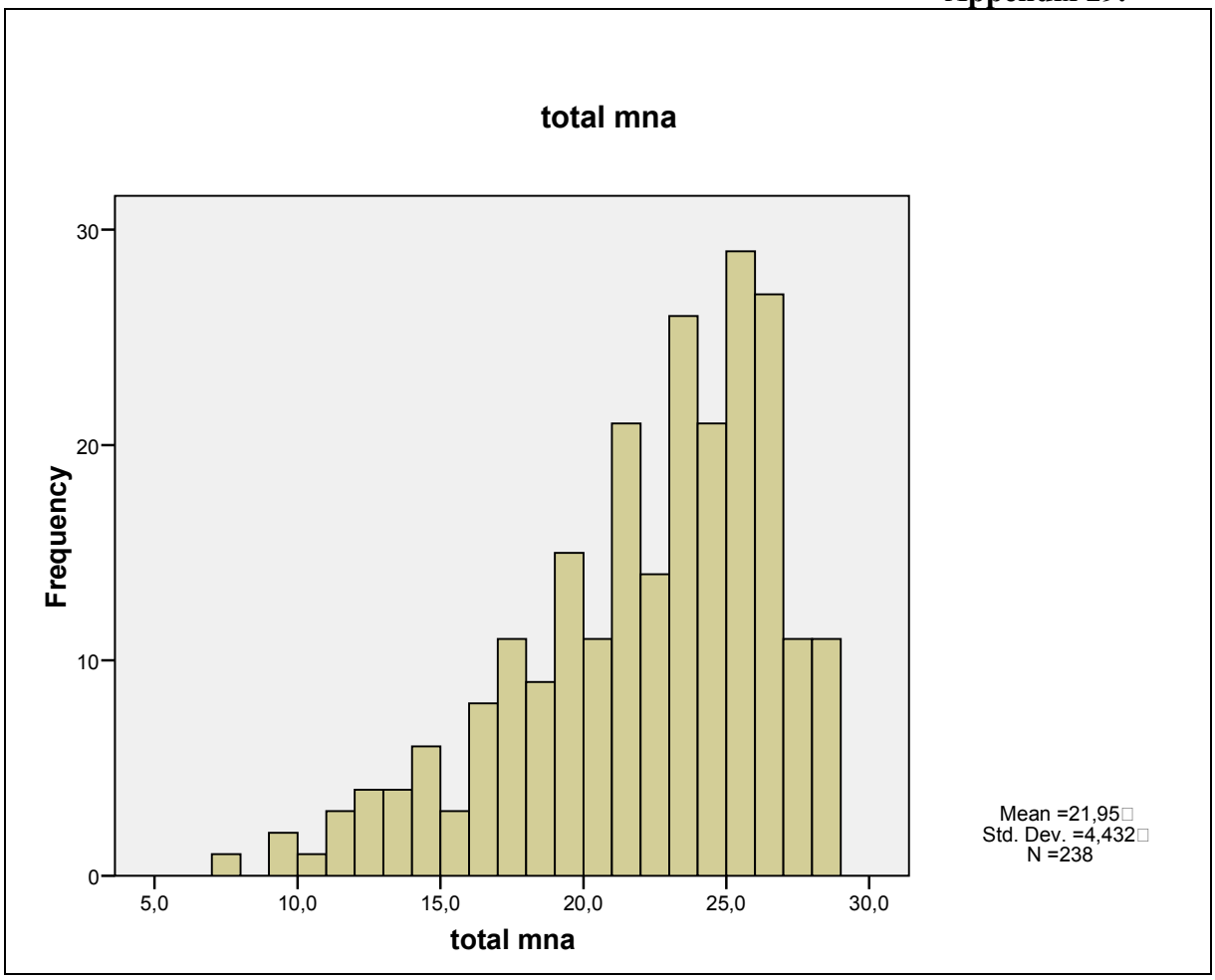
n = 238

Appendix 28.

Statistics from MNA results

		female MNA	male MNA	total MNA
N	Valid	179	59	238
	Missing	59	179	0
Mean		22,200	21,398	21,953
Median		23,000	22,500	23,000
Mode		26,0	24,0	23,5
Std. Deviation		4,5334	4,4244	4,4318
Range		26,0	20,0	22,0
Minimum		9,0	7,0	7,0
Maximum		35,0	27,0	29,0

Appendix 29.


total mna
Frequency
30
20
10
0
5,0
10,0
15,0
20,0
25,0
30,0
total mna
Mean =21,95
Std. Dev. =4,432
N =238