

Elders' satisfaction with health care in the hospital for patients with long-term illnesses

(Scientific paper)

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Abstract: For six years, we monitored the rating of hospitalized elders to doctors' expertise, care and helpfulness of nurses, willingness of ambulance workers and behaviour of cleaners. The responses were monitored according to the elders' gender and age. We also monitored their satisfaction with the quality of food, quality of room equipment and free entry of visitors. The willingness to recommend the hospital to friends showed a statistically significantly closer relationship ($p < 0.0002$) to most of the selected signs of health care than a feeling of improved health. Statistically significantly more negative attitudes were expressed mostly by men ($n_{women} = 168$, $n_{men} = 89$; $F < 0.02$; $p < 0,05$).

Keywords: elder, hospitalization, satisfaction, health, recommendation

1 Introduction

At the request of the hospital management, we have monitored patient satisfaction with the care provided for six years. The collection and evaluation of data was done annually by an own anonymous survey. Its results have been published in the final reports of the hospital (Králíková, 2018). Besides doctors, nurses, ambulance workers and support staff, patients were also looked after by physiotherapists, a speech therapist, a psychologist, a health-social worker, churchmen and volunteers. According to their gender and age, we monitored elders' reactions to doctors' expertise, care, helpfulness of nurses and ambulance workers and nurses' behaviour. We monitored their satisfaction with the level of diet, the equipment of rooms and free access of visitors.

2 Aims

Our aim was to examine how patients according to age and gender during 2013 and 2018 assessed selected signs of health care provided in relation to the feeling of health and the willingness to recommend the hospital to acquaintances.

3 Methods

3.1 Anonymous Survey

We put forward ten statements to patients and asked them to assess each of them by school marks from 1 to 5. "I like the diet (DIET). Nurses are helpful (HELPFULNESS OF NURSES). I am going to recommend the hospital to acquaintances (RECOMMEND). Doctors are very good at their jobs (DOCTORS). The equipment of my room is suitable for me (ROOM). Nursing care is very good (NURSING CARE). My health state has improved (HEALTH). Visitors can enter my room whenever (VISITORS). Ambulance workers are willing to help (AMBULANCE WORKERS). Cleaners are pleasant (CLEANERS)." In the heading of the form, patients filled in their age under or over 70 and their gender.

3.2 Research Sample

At our disposal, we gained 400 survey forms filled in from 1 January 2013 to 31 December 2018 by patients of Letovice Hospital ($n_{2013} = 99$; $n_{2014} = 88$; $n_{2015} = 74$; $n_{2016} = 44$; $n_{2017} = 55$; $n_{2018} = 40$).

The survey was completed either by patients themselves at the end of their hospitalization or by voluntary inquirers who were not employees of the hospital. We gained 257 fully completed forms from 168 women, 89 men; from 76 respondents under the age of 70 and 181 over the age of 70. As regards remaining forms, some of the anamnestic data were missing in the heading. The average duration of a patient's stay in chronic disease hospital was 60 days. Between 2013 and 2018, 4407 patients were hospitalized (Králóvcová, 2018). Data about a number of repeated patients' statements cannot be found due to the anonymity of the survey. The sample includes 6% of fully completed ($n = 257$) and 9% ($N = 400$) of fully and partly completed forms from all theoretical evaluations. The study recorded reactions of lucid and perceiving patients who were able and willing to communicate.

3.3 Null Hypothesis

H1: There are no statistically important differences in the distribution of school classification in all items in comparison with hypothetical dispersion in percentages ($n = 257$).

- H2: There are no statistically important differences in the assessment of items DIET, HELPFULNESS OF NURSES, RECOMMEND, DOCTOR, ROOM, NURSING CARE, HEALTH, VISITORS, AMBULANCE WORKERS, CLEANERS (further in the text described as “items”) by elders according to gender ($n = 257$).
- H3: There are no statistically important differences in the assessment of items among elders under and over the age of 70 ($n = 257$).
- H4.1: There is not a single middle and higher dependence between items ($n = 257$).
- H4.2: There is not a single statistically important difference between the dependence of items RECOMMEND and HEALTH in relation to other items ($n = 257$).
- H5: There are no statistically important differences between follow-up pairs of years 2013–2018 in the assessment of individual items ($N = 400$).

3.4 Data Analysis

By data processing *ex post facto* (Kerlinger, 1972) we analyse the structure and development of elders’ attitudes expressed by school classification towards ten statements about care in chronic disease hospital. In order to verify hypotheses, we used data ($n = 257$ a $N = 400$) from an own anonymous questionnaire (Hloušek, 2012) administered from 1 January 2013 to 31 December 2018. H1 was verified by the calculation of chi-squareds, H2, H3, H5 were analysed by F-tests and unpaired one-tailed t-tests, H4.1 by Pearson correlation, H4.2 by a paired t-test and U-test (Chráška, 2007). For all items of the survey, we assumed content validity (Kerlinger, 1972). Respondents were evaluating the statements in ten items of the survey using school classification from 1 to 5 either independently or with the help of an enquirer. Some elders spontaneously added verbal expression to the classification. We made a qualitative (Miovský, 2009) assessment of these respondents’ spontaneous verbal expressions and outputs of methods of mathematical statistics.

4 Results

The percentage distribution of marks in items DIET and HEALTH does not statistically differ from from a hypothetical distribution at 5% level of importance. Other items show statistically important one-sided inclination towards mark “1”. The null hypothesis is confirmed in two mentioned items, in other items it was rejected – see Table 1 and H1.

Table 1: *Distribution of classification, chí-quadrat, F-tests and t-tests according to gender (women = 168, men = 89) and age (under the age of 70 = 76, over the age of 70 = 181). Legend: in bold disproof of the null hypothesis (chí, t-test) and heterogeneous distribution (F-test)*

		DIET	HELPFULNESS OF NURSES	RECOMMEND	DOCTOR	ROOM	NURSING CARE	HEALTH	VISITORS	AMBULANCE WORKERS	CLEANERS
ad H1	mark: 1	58%	82%	76%	90%	75%	86%	59%	92%	88%	82%
	2	28%	15%	14%	7%	14%	12%	26%	5%	9%	12%
	3	10%	2%	5%	2%	8%	1%	12%	1%	2%	4%
	4	3%	0%	1%	0%	2%	0%	3%	0%	0%	1%
	5	1%	1%	4%	1%	1%	1%	0%	2%	1%	1%
	chí	0,19	0,01	0,03	0,00	0,04	0,01	0,18	0,00	0,01	0,01
	pointedness	2,01	17,28	6,83	27,35	4,84	27,17	1,25	30,79	25,83	11,84
	inclination	1,47	3,65	2,66	4,86	2,22	4,49	1,33	5,30	4,55	3,19
ad H2	F tests women, men	0,00	0,00	0,00	0,00	0,02	0,00	0,01	0,00	0,00	0,00
	average women	1,52	1,17	1,25	1,07	1,38	1,11	1,49	1,07	1,08	1,14
	average men	1,74	1,37	1,73	1,30	1,47	1,28	1,80	1,28	1,30	1,46
	t-tests women, men	0,04	0,02	0,00	0,00	0,20	0,02	0,00	0,01	0,00	0,00
ad H3	F-test < 70r <	0,70	0,76	0,09	0,01	0,26	0,01	0,90	0,00	0,00	0,76
	average < 70r	1,65	1,25	1,40	1,15	1,30	1,16	1,57	1,05	1,13	1,28
	average 70r <	1,58	1,23	1,43	1,16	1,45	1,17	1,61	1,18	1,17	1,24
	t-test < 70r <	0,29	0,41	0,40	0,44	0,09	0,41	0,36	0,01	0,29	0,33

4.1 Influence of Gender

The results of F-tests exceed the critical value $p \leq 0,02$, assemblages of men and women can be considered to be heterogeneous. Except an item ROOM, the results of t-tests show the statistical importance of differences of averages between men and women at higher than 5% level. Men classify items significantly more negatively. The null hypothesis can be confirmed in an item ROOM, in other items it can be rejected – see Table 1 ad H2.

4.2 Influence of Age

The results of F-tests in six items exceeding the critical value reflect the homogeneous distribution. The results of F-tests in items DOCTOR, NURSING CARE, VISITORS and AMBULANCE WORKERS not exceeding $p \leq 0.01$ demonstrate the heterogeneous distribution. T-tests confirm the null hypothesis in an item VISITORS, in other items they exclude it – see Table 1 ad H3.

4.3 Relations within Items

The calculation was made for 45 relations among the items. The choice of Pearson coefficient (Chráska, 2007) was made in order to ascertain the relations between pairs of classification degrees. We would lose this information using additional order in case of Spearman's correlation of school marks. The problem is the highest occurrence of classification "1" – see Table 1 as H1. Pearson's correlations among the items achieve the average 0,46 in standard deviation 0,13. The pointedness of coefficients' distribution is 0,005, the inclination is -0,030. Correlation higher than two standard deviations in items NURSING CARE versus HELPFULNESS OF NURSES ($r = 0,77$), NURSING CARE versus AMBULANCE WORKERS ($r = 0,75$) represents higher dependence (Chráska, 2007). 28 correlations represent medium (significant) dependence. Correlations lower than two determinant derogations can be found in items HEALTH versus DIET ($r = 0,17$), HEALTH versus VISITORS ($r = 0,19$). Upon the occurrence of two correlations expressing high dependence and 28 ones expressing medium dependence, we reject the null hypothesis – see Table 2.

Table 2: Pearson's correlations among the items($n = 257$)

		HELPLESSNESS OF NURSES	RECOMMEND	DOCTOR	ROOM	NURSING CARE	HEALTH	VISITORS	AMBULANCE WORKERS	CLEANERS
ad H 4.1	DIET	0,48	0,37	0,40	0,31	0,42	0,17	0,38	0,35	0,37
	HELPLESSNESS OF NURSES		0,48	0,55	0,50	0,77	0,27	0,49	0,60	0,51
	RECOMMEND			0,60	0,49	0,52	0,32	0,43	0,52	0,46
	DOCTOR				0,53	0,61	0,27	0,50	0,59	0,42
	ROOM					0,62	0,36	0,39	0,46	0,51
	NURSING CARE						0,32	0,53	0,75	0,64
	HEALTH							0,19	0,31	0,36
	VISITORS								0,56	0,53
	AMBULANCE WORKERS									0,62

4.4 The Relation within RECOMMENDATION and HEALTH

The calculation of the percentage of mutual determination among the items (Chráska, 2007) enabled to add the data to expected outputs of health care according to content validity (Kerlinger, 1972) which are expressed by the statements as follows: "I will RECOMMEND the hospital to my acquaintances"; "My HEALTH STATE has improved" (HEALTH). The difference of averages of determination percentage that was analysed by a pair t-test is statistically important at the level $p < 0,0002$. Sums in the

columns cannot total one hundred percent due to an overlap of determinations. The strongest mutual dependence can be found in items RECOMMEND versus DOCTOR, the weakest one in RECOMMEND versus DIET, HEALTH versus DIET and HEALTH versus VISITORS. As for the statistics, significantly tighter determinations are connected with an item RECOMMEND rather than with an item HEALTH. The results of a pair t-test confirm calculations of U-test (Chráska, 2007) of normal quantities except items ROOM and CLEANERS. Using a double statistical analysis of correlations, we reject the null hypothesis (that expected outputs of health care RECOMMEND and HEALTH are determined with equal intensity with other items of the survey – see Table 3.

Table 3: T-test showing the determination of probable health care outputs RECOMMEND and HEALTH; U-test showing the importance of differences of dependence in items and outputs ($n = 257$)

ad H 4.2	The percentage of mutual determination among the items	RECOMMEND	HEALTH	U-test recommend + health	Standardized normal values $U_{0,05} = 1,96; U_{0,01} = 2,58$
	DIET	14%	3%	2,44	0,05
	HELPFULNESS OF NURSES	23%	7%	2,77	0,01
	DOCTOR	36%	7%	4,52	0,01
	ROOM	24%	13%	1,79	unimportant
	NURSING CARE	27%	10%	2,76	0,01
	VISITORS	19%	3%	3,02	0,01
	AMBULANCE WORKERS	27%	10%	2,88	0,01
	CLEANERS	21%	13%	1,36	unimportant
	average	24%	8%		
	Standard deviation	6%	3%		
	F-test	0,20			
	paired t-test	0,0002			

4.5 Year-on-year's changes

Using unpaired t-tests, we analysed 50 year-on-year changes between 2013 and 2018 ($N = 400$) without taking into account respondents' age and gender. We confirm the null hypothesis in 39 year-on-year changes – see Table 4.

Table 4: T-tests of year-on-year changes ($n_{2013} = 99$; $n_{2014} = 88$; $n_{2015} = 74$; $n_{2016} = 44$; $n_{2017} = 55$; $n_{2018} = 40$). Legend: disproof of the null hypothesis in bold

	Years compared	DIET		HELPFULNESS OF NURSES	RECOMMEND	DOCTOR	ROOM	NURSING CARE	HEALTH	VISITORS	AMBULANCE WORKERS	CLEANERS
adH5	average2013	1,67	1,34		1,51	1,23	1,36	1,26	1,90	1,06	1,17	1,31
	average2014	1,49	1,15		1,32	1,09	1,26	1,11	1,62	1,06	1,08	1,18
	ttest 2013, 2014	0,07	0,02		0,08	0,03	0,17	0,02	0,03	0,47	0,08	0,08
	average 2014	1,49	1,15		1,32	1,09	1,26	1,11	1,62	1,06	1,08	1,18
	average 2015	1,76	1,27		1,38	1,30	1,51	1,23	1,56	1,14	1,19	1,22
	ttest 2014, 2015	0,02	0,06		0,32	0,01	0,03	0,06	0,33	0,13	0,07	0,35
	average 2015	1,76	1,27		1,38	1,30	1,51	1,23	1,56	1,14	1,19	1,22
	average 2016	1,52	1,30		1,50	1,12	1,45	1,23	1,77	1,19	1,25	1,34
	ttest 2015, 2016	0,08	0,42		0,27	0,10	0,38	0,48	0,10	0,33	0,32	0,17
	average 2016	1,52	1,30		1,50	1,12	1,45	1,23	1,77	1,19	1,25	1,34
	average 2017	1,62	1,20		1,31	1,05	1,22	1,07	1,37	1,26	1,11	1,24
	ttest 2016, 2017	0,30	0,25		0,16	0,25	0,05	0,07	0,01	0,31	0,11	0,23
	average 2017	1,62	1,20		1,31	1,05	1,22	1,07	1,37	1,26	1,11	1,24
	average 2018	1,40	1,18		1,42	1,13	1,59	1,15	1,86	1,11	1,21	1,28
	ttest 2017, 2018	0,10	0,42		0,29	0,14	0,00	0,14	0,00	0,15	0,13	0,37

4.6 Verbal expressions of respondents

DIET – Very good diet, especially soups are very good; the lack of fruit.

HELPFULNESS OF NURSES – Very pleasant; I praise nurses.

RECOMMEND – Thank you very much for the care for my mother, Outstanding! Great honour to this institution, to its management and staff. Wonderful! I would like to thank everyone for exemplary leadership of this hospital in which patients are certainly satisfied as miracles causing recovery can be expected here. I am very satisfied in this hospital.

DOCTOR – Yes, they are very attentive to our problems; Well, it depends. Some are, some are not.

ROOM – There is no need to be demanding; toilet chairs in a room (bad smell); bedlinen is clean but really worn out.

NURSING CARE – nurses are really helpful.

HEALTH – I will assess over time; I am satisfied with rehabilitation.

VISITORS – the lack of intimacy.

AMBULANCE WORKERS – they are willing to help.

CLEANERS – rarely pleasant; they are pleasant and clean well.

5 Discussion

Attitudes containing cognitive, emotional and conative parts (Hartl, 1994) adaptively head towards a mutual balance. We can also doubt if an attitude towards any of the items is based on respondent's own experience with the health care in the hospital or if it was created before hospitalization under the influence of their relatives' experiences or due to respondent's conformity with public opinion. One-sided distribution with a predominance of classification "1" is undoubtedly caused by patients' inclination to take socially desirable positions on "white coats". Also the study (Sikorová, 2011) has detected 80%–86% satisfaction with approach and trustworthiness of nursing staff in clients of a retirement home ($n = 70$) and there was a similar evaluation in the area of dressing, undressing, positioning, assistance in eating and preserving personal intimacy.

Can significantly more negative evaluation carried out by men in nine out of ten items of the survey in the mentioned hospital be caused by a higher number of beds in men's rooms or is it caused by probably more vigorous masculine behaviour? "We do not have any chance to say anything objective about men and women" (cit.: Vybíral, 2005). Using a questionnaire "Attitudes towards old age and ageing" (AAQ), a Czech study (Urbanová, 2016) on elders in retirement homes over the age of 65 ($n = 121$) has shown an influence of gender, age, level of education and self-sufficiency rate on a self-evaluation within areas such as psychosocial losses, physical changes and psychological growth. The study has ascertained elders' more negative attitudes towards old age and ageing in comparison with younger population. Men over the age of 65 perceived old age in the area of psychosocial losses better than women over 65, highly dependent elders assessed attitudes towards old age worst, old respondents over the age of 85 perceived old age best.

Another Czech study (Portlová, 2017) has ascertained an insignificant difference of symptoms of depression in 50 men and 150 women in centres of follow up health-care and residential social care. A Slovak study (Halama, 2014) has proved that social relations, especially a household type, represented an important source of meaning in life in 180 elders aged between 65 and 75 years. In an Iranian study (Farzianpour, 2016) on persons over the age of 60 (240 men, 160 women), men statistically evaluated a general feeling of their health state much better in comparison with women. The authors think the difference is caused by a lower socioeconomic status of Iranian

women. Using telephone interview (Borders, 2004), American researchers were discovering collective occurrence of sceptical attitudes and worries about their health, evaluation of doctor quality and quality of general health care in 4076 Americans over the age of 65. Persons who were worried about their health state statistically evaluated doctor quality and the quality of general health care much worse. However, the study has not determined whether sceptical attitudes preceded health care or followed it.

A Danish study (Jensen-Dahm, 2012) examined the difference between subjective pain perception in 321 elders suffering from Alzheimer's Disease and assessing pain of these patients by their closest carers. 31% of monitored elders stated they felt pain whereas their carers stated that 52% of elders suffered from pain. The difference was significant on $p < 0,001$. Women were depressed more, had more neuropsychiatric symptoms and assessed the quality of life as lower.

The age criterion under and below the age of 70 was chosen randomly. Therefore, confirming the null hypothesis H3 about the impact of age does not significantly distinguish respondents' attitudes. For the future, it will be convenient to divide respondents into cohorts in decades. We find our current results to be in conflict with Czech psychometric analysis of a questionnaire "Health and satisfaction SF-8 Health Survey" (Bartůšková, 2018). According to the author, as people get older, subjective evaluation of both physical and mental health gets worse, which is confirmed also by studies from abroad (Farziampour, 2016; Borders, 2004).

As regards examining of mutual dependence of items, Chráska (2007) suggests interpreting the values of correlation $0,70 < r < 0,90$ as "high dependence", $0,40 < r < 0,70$ as "medium dependence", $0,20 < r < 0,40$ as "low dependence", $0,01 < r < 0,20$ as "very low dependence". High dependence between the items NURSING CARE versus HELPFULNESS OF NURSES leads to a possible merging of both survey questions. High dependence of HELPFULNESS OF NURSES versus AMBULANCE WORKERS probably reflects an operational practice of the hospital where ambulance workers working in many wards are called to take care of patients mostly by nurses. Very low dependence of the items HEALTH versus DIET and HEALTH versus VISITORS needs to be analysed by a well-designed research project as well as statistically very significant difference of tightness and structure of determination by other items of probable outputs "I will RECOMMEND the hospital to my acquaintances" and "My HEALTH STATE has improved" (HEALTH).

Monitoring of the year-on-year changes ($N = 400$) provides feedback to the hospital management. It reflects ongoing construction works in wards, temporary reduction and subsequent increase in comfort of both patients and staff. From a statistical point of view, significantly more positive evaluations were recorded between 2013 and 2014 in items HELPFULNESS OF NURSES, DOCTOR, NURSING CARE, HEALTH and between 2016 and 2017 in items ROOM, HEALTH. The verbalization of respondents' attitudes is in line with allocated classification including various qualities

of ambivalence towards items DIET, ROOM, DOCTORS, HEALTH, VISITORS, CLEANERS.

6 Conclusion

We were analysing the survey data assessing statements about the quality of health care in the hospital for patients with long-term illnesses. The data collection lasted six years and we got data from 400 respondents. However, from data obtained in this manner, we cannot definitely determine whether elders' attitudes arose before hospitalization or during it. Men were expressing more negative attitudes than women with statistical significance in nine survey items except the satisfaction with the room equipment. A tendency to recommend the hospital to acquaintances was due to statistically much stronger dependence and another structure of bonds with other items in case of a dominant statement "DOCTORS work very well". The feeling that the health state has improved showed weaker dependence with items ROOM, CLEANERS, NURSING CARE, AMBULANCE WORKERS. Monitoring of year-on-year changes as well as six year evolution of classification do not constitute a reason for generalization. An anonymous survey does not take account of elders' individuality as well as the dynamics of their personal stories and behaviour context. Humanist and phenomenological aspect exceed a positivist paradigm (Miovský, 2009). A biopsychosocial concept of research raises the issue of subjective feeling of health (Bartůšková, 2018). In case of elderly car, there is the need for psychotherapy aimed at a client (Nykl, 2012), cognitive behavioral therapy (Praško et al., 2019), systematic family therapy (Gjuričová, 2009), and video interaction guidance (Stolker, 2003).

7 Strengths and Limits

The strengths of the study seem to be six year data collection, anonymity of 400 respondents and the spontaneity of their verbal expressions. An anonymous survey that has been used raises two perspectives: a) the added value lies in the concreteness of the order formulated by the hospital management and also in the feedback given to that institution, b) it is limited by the absence of an item analysis and relying on content validity.

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