



**BALTIC REGION HEALTHY CITIES ASSOCIATION**  
WHO Collaborating Centre  
for Healthy Cities and Urban Health  
in the Baltic Region



**International Conference  
“Healthy Ageing – Active Ageing II”  
17-18 April 2008, Jurmala, Latvia**

**PROGRAMME OF THE CONFERENCE  
AND ABSTRACTS**

**The organizing committee of the conference:**

**Riitta Asanti, Baltic Region Healthy Cities Association**

**Laima Grobina, City of Jurmala**

**Aila Grönholm, Baltic Sea Region University Network**

**Kari Hyppönen, Baltic Sea Region University Network**

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**Heini Parkkunen, City of Turku and Baltic Region Healthy Cities Association**

**Pirkko Routasalo, University of Turku and University of Tartu**

**Mari Siimar, Baltic Region Healthy Cities Association**

**The scientific committee of the conference:**

**Dr. Riitta Asanti, University of Turku**

**Professor Pirkko Routasalo, University of Turku and University of Tartu**

## **Dear participant,**

On behalf on the organising networks, we wish you most warmly welcome to the international conference “Healthy Ageing – Active Ageing II”. We are grateful to organise the conference in the beautiful springtime City of Jurmala in Latvia.

The purpose of the conference is to bring together researchers and practitioners involved in supporting healthy and active life as well as welfare of older people. We are looking forward to have lively discussions and new collaboration.

The conference is organised by the Baltic Region Healthy Cities Association (WHO Collaborating Centre for Healthy Cities and Urban Health in the Baltic Region) and the Baltic Sea Region University Network (BSRUN). It is the 3rd joint conference of these networks. The meeting is organised in collaboration with the City of Jurmala.

We wish you a pleasant stay in Jurmala!

The Organizing Committee of the Conference

# Programme of the Conference

**THURSDAY 17 April 2008**

**9:00-10:00 Registration and coffee**

## Plenary session

*Chair: Chair of the Board, Dr. Kaija Hartiala, Baltic Region Healthy Cities Association, Finland*

**10:00-10:30 Welcome addresses**

*Mayor Raimonds Munkevics, City of Jurmala, Latvia*

*Chairman of BSRUN Steering Committee, Kari Hyppönen, University of Turku, Finland*

*Chair of the Board, Dr. Kaija Hartiala, Baltic Region Healthy Cities Association, Finland*

**10:30-11:30 Health policies of older people in the Baltic countries**

*Deputy Head Andris Egle, Department of Public Health, Ministry of Health of the Republic of Latvia*

*Head of Health Care Policy Heli Paluste, Ministry of Social Affairs, Estonia*

*Secretary Rima Vaitkiene, Ministry of Health of the Republic of Lithuania*

**11:30-12:00 Keynote 1. The Right to Healthy and Active Ageing**

*Professor Pirkko Routasalo, University of Tartu, Estonia*

**12:00-13:00 Lunch**

*Chair: Executive Director, Dr. Riitta Asanti, Baltic Region Healthy Cities Association, Finland*

**13:00-14:00 Keynote 2. Health and wellbeing of the aged population in Latvia**

*Associate Professor Anita Villerusa, Dean, Faculty of Public Health, Riga Stradins University, Latvia*

**14:00-14:30 Coffee break**

## Parallel sessions

**14:30-16:00 Parallel session 1: Profiling Health of the Ageing**

*Chair: Healthy City coordinator, Heini Parkkunen, Baltic Region Healthy Cities Association, Finland*

*Minna Railo, Experiences of security and insecurity of oldest old living at home alone*

*Seija Muurinen, Residents' nutritional status in all nursing homes and long-term care hospitals in Helsinki and further recommendations for the institutions*

*Minna Stolt, Foot problems among home-dwelling older people - a literature review*

*Mirkka Rantanen, Knowledge expectations from the perspective of aged dialysis patients*

**Parallel session 2: Active in Old Age**

*Chair: Executive Director, Riitta Asanti, Baltic Region Healthy Cities Association, Finland*

*Jaana Forsbacka, Medication with Ageing People in Salo-city, Finland*

*Tarja Bergfors, Improving the quality of elderly service -optimal medical care*

*Pia Eloranta, How do nurses spend their time in elderly care?*

*Pertti Pohjolainen, The research programme for the assessment and support of extended functional capacity*

*Helena Norokallio, Support and security by the Vivago wristcare home system*

**16:00-17:00 Jurmala Healthy Cities activities – presentation and site visits**

*Dr. Laima Grobina, Head of Jurmala Welfare Department, Healthy City Coordinator, City of Jurmala, Latvia*

**19:00-21:30 Reception in City Museum, hosted by the City of Jurmala**

## FRIDAY 18 April 2008

### Plenary session

*Chair: (to be confirmed)*

**9:00-10:00 Keynote 3. “Ageing and Supportive Environments” – Accessibility, Usability and Safety in Urban Environments**

*Professor Susanne Iwarsson, Department of Clinical Neuroscience, Lund University Sweden*

**10:00-10:30 Coffee break**

### Parallel sessions

**10:30-12:00 Parallel session 3: Collaboration and Participation at the Local Level and Access in its Widest Sense**

*Chair: Professor Tarja Suominen, University of Kuopio, Finland*

*Juris Krumins, Total and working life expectancy at retirement - trends and perspectives: case of Latvia*

*Inara Roja, Gerontopsychotherapy in working aging male and female*

*Anne Ehasalu, Active ageing in Estonia*

*Sanna Ahonen, Service chain for elderly gym users in Kuopio*

*Päivi Kankkunen, Master's and doctoral thesis related to geriatric nursing*

**Parallel session 4: Active in Old Age**

*Chair: Jurate Macijauskiene, Kaunas University of Medicine, Lithuania*

*Lina Spirgiene, Active ageing of the elderly in residential long term care institutions*

*Andréa Vannucchi, How would I know what is in your mind? - Using photography in interactive communication with elderly people for promoting an active and healthy daily life*

*Natalja Istomina, Health assessment of old people 80 years old in Klaipeda*

*Birgitta Mäkinen, Supporting relatives of aged patients for ensuring successful discharge and continuation of care at home*

### Plenary session

**12:00-12:15 Conclusion of the conference**

*Executive Director, Dr. Riitta Asanti, Baltic Region Healthy Cities Association, Finland*

*Healthy City coordinator, Heini Parkkunen, City of Turku and Baltic Region Healthy Cities Association, Finland*

**12:15-13:00 Lunch**

*Chair: Professor Pirkko Routasalo, University of Tartu, Estonia and University of Turku, Finland*

**13:00-14:30 Roundtable of researchers**

**”Multidiscipline research collaboration – supporting functional activity of older people”**

**14:30-15:00 Coffee break**

**15:00-17:00 Seminar of PhD Students**

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# Plenary Session: Health policies of older people in the Baltic countries

## 1. HEALTH AND LONG-TERM CARE SERVICES FOR ELDERLY IN ESTONIA

*Dr Heli Paluste, Head of Health Care Policy, Ministry of Social Affairs of Estonia*

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The ageing of population and the increasing demand for nursing and long-term care services for elderly represents a serious policy challenge for Estonia, as current supply is considered to be insufficient and inadequate in terms of meeting current and especially future needs and thus ensuring adequate living conditions for long-term care recipients.

Background: Responsibility for provision of long-term care for elderly in Estonia has been divided among health care and welfare systems. The health care system provides nursing care, geriatric assessment service and home nursing care services. The welfare system provides long-term care in welfare institutions, day centre service (day care), home care and housing services, and other social services. As the care and nursing care services are organised separately then financing also comes from different sources. Nursing care services are financed from health insurance means. All providers of nursing care services (nursing care hospitals, home nurses) act under the private law. Care services are organised and financed by local governments. Local governments are also the main providers of the care services; however, it has become a common practice to purchase services from the public sector (state and local government agencies) as well as from the private sector (non-profit associations, foundations and businesses). Co-payments are mainly required in the case of round-the-clock care services; co-payments for community care services are rare and nominal. As for round-the-clock care in welfare institutions care-receivers or their family members cover ~51% and local governments ~47% of the service costs.

Challenges: Equal access to services, quality of services and rational use of resources are the main challenges for Estonia. The separation of Estonian health care and welfare systems has led to a situation in which it is more difficult for the elderly to receive services in accordance with their state of health and/or social situation. The important objective of providing care services is to help a person in his/her own home for as long as possible. Therefore, volume of community care services and home nursing services has been increased, but the coverage is not sufficient yet.

Priority policies: Better integration of nursing care and other care services and developing home services – these are the main keywords describing recent priority policies regarding health and long-term care services for elderly in Estonia. Ensuring quality of care by developing quality standards concurrently strengthening human resources and sustainability of system by promoting rationale use of limited resources are aspects of same importance as well.

## **Parallel Session 1. Profiling Health of the Ageing**

### **2. EXPERIENCES OF SECURITY AND INSECURITY OF OLDEST OLD LIVING AT HOME ALONE**

*Minna Railo, RN, MNsc, University of Turku, Finland*

*Seija Arve, PhD, RN, Profit Centre Director, City of Turku, Elderly Health Services, lecturer in the University of Turku, Department of Nursing Scienc, Finland*

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The aim of our study was to get information about experiences of security and insecurity and the factors which were related to these feelings by oldest old people living at home. The study was carried out as a part of Turku aging study where subjects born 1920 and living at home were clinically examined in 5 years. Our 17 participants were chosen from the sample at the age of 85.

The data were collected by theme interview. The framework of interview included questions about four different theme areas. According to earlier studies, possibility of the aged people living home alone increases along with experiences of increased security. Feelings of decreased security have been discovered to lead up to need of institutional care, when living home alone is not sensible anymore. According to the results of our study experiences of security and insecurity fluctuated individually and variety of ways. Physical capability, social support and security issues of own home contributed to experience of security. Experiences of insecurity were decreased when aged people have feelings of physical weakness, concerns about receiving help, reduced social support and element of danger in the home environment. According to the oldest old people, essential factors for feeling secure were knowledge of own health and good physical condition. In social aspect, maintaining factors of feeling secure were especially social relations and confidence of receiving help when needed. Own home was safe place to live, when peacefulness and familiar residential environment were important issues for feeling secure. According to the results, oldies old people had worries being fall in the institutional care because of lack of capabilities surviving at home. Growing feelings of loneliness and concern about getting help increased more these feelings.

Conclusion of the results is that oldest old people want to live at their own homes also in the future. Aspects of security emphasized more in the study than aspects of insecurity. According to their interviews oldest old people could find easier factors maintaining their safety than factors decreasing their insecurity. Therefore it can be assumed that feelings of insecurity did not dominate these oldest old people lives. Although life felt sometimes insecure when grew old, oldest old people didn't want to remove from home to institutional care.

### 3. RESIDENTS' NUTRITIONAL STATUS IN ALL NURSING HOMES AND LONG-TERM CARE HOSPITALS IN HELSINKI AND FURTHER RECOMMENDATIONS FOR THE INSTITUTIONS

*Seija Muurinen, PhD, National Research and Development Centre for Welfare and Health, Finland  
Helena Soini, DSc (Health Care), Social Services Department, Services for Elderly, City of Helsinki, Finland*

*Eeva Sandelin, MSc, Health Department, City of Helsinki, Finland*

*Kaisu Pitkälä, Professor, MD, Department of General Practice and Primary Health Care, University of Helsinki, Finland*

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Frail elderly in institutional care are known to be at risk for malnutrition. According to the prior client surveys, many residents had lost weight and/or were dissatisfied with their nutritional care. A more detailed assessment of their nutritional status and nutritional care was needed. The aim was to examine the nutritional status and the nutritional care of residents in all nursing homes and long-term care hospitals in Helsinki, as well as to respond to the emerging problems by making recommendations of nutritional care for the institutions. The cross-sectional study assessed nutrition (The Mini Nutritional Assessment, MNA) and nutritional care (a questionnaire to ward nurses) of all residents aged 65+ years. Of the residents, 84% (n=2036) in nursing homes and 73 % (n=1444) in long-term care hospitals participated. The nutritional status according to the MNA was good in 11% of the clients, 60% were at risk for malnutrition and 29% were malnourished in the nursing homes. The figures were 3%, 40% and 57% in the long-term care hospitals, respectively. About half of the residents had Body Mass Index (BMI) less than 23. The weight was not always followed regularly and the number of meals and meal times varied in institutions. A multiprofessional team developed recommendations for nutritional care according to the results of these assessments. The recommendations comprised planning and following of residents' nutrition, caring of malnutrition, reorganising meal times, using vitamin D, following fluid intake, caring for mouth and teeth, collecting feedback and coordinating nutritional care on wards.

#### 4. FOOT PROBLEMS AMONG HOME-DWELLING OLDER PEOPLE - A LITERATURE REVIEW

*Minna Stolt, MNSc, podiatrist, PhD-student, University of Turku, Finland*

*Päivi Voutilainen, PhD, RN, docent, Ministry of Social Affairs and Health, Finland*

*Helena Leino-Kilpi, PhD, RN, professor, University of Turku, Finland and South-Western Hospital District of Finland*

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**Background:** Older people's independent home-dwelling should be supported as long as possible. Foot problems can be one of the reasons why older people can not live independently at home. Foot problems among older people are often unrecognized and considered as a part of ageing process.

**Aim:** To describe what kind of foot problems do home-dwelling older people have and what is their prevalence based on previous research.

**Materials and methods:** A literature search of the MEDLINE and CINAHL databases was made for 1980-January 2008, using the search terms: foot, problem, deformity, disorder, complaint, foot care and aged 65 and over. Included article had to concern foot problems of older people living at home. Excluding criteria were: older people's foot problems in institution, references which concerned diabetic foot care, foot surgery, wound care, an unscientific article or written in another language than English. Different search term combinations gave the total result of 1180 titles. After critical reading of the titles 114 references were selected. The remaining studies were examined based on their abstracts, 62 studies were selected. The final amount of selected studies for the review was 15, and it was based on full text articles.

**Main results:** Older people who live at home have different foot problems. Mainly reported foot structural problem is hallux valgus (9-74%). Nail problems have 23,7-94,2% home-dwelling older people. Corns and callus formation are prevalent (19,2-68%) among older people. Foot pain affects 21-74,6% of home living older people.

**Conclusions:** Home-dwelling older people have multidimensional foot problems. Health care providers should pay attention to foot problems of older people. With early recognition minor foot problems, such as corns, callus and nail problems, can be treated and prevented from complications. Untreated foot problems can decrease the functional ability of older people and affect independent living at home.

5. KNOWLEDGE EXPECTATIONS FROM THE PERSPECTIVE OF AGED DIALYSIS PATIENTS  
*Mirkka Rantanen, MNS-student, RDH, University of Turku, Department of Nursing Science, Turku, Finland*  
*T. Kallio, MNSc, RN, Satakunta Polytechnic, Harjavalta, Finland*  
*Kirsi Johansson, PhD, RN, University of Turku, Department of Nursing Science, Turku, Finland*  
*Sanna Salanterä, PhD, RN, Professor, University of Turku, Department of Nursing Science, Turku, Finland*  
*Heli Virtanen, PhD-candidate, RN, University of Turku, Department of Nursing Science, Turku, Finland*  
*Helena Leino-Kilpi, PhD, RN, Professor and Head of Department, University of Turku, Department of Nursing Science, Turku, Finland*

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**Background:** The amount of patients with chronic kidney disease is increasing. These patients are faced with demanding dialysis treatments. In order to be empowered in different situations related to dialysis care, patients need knowledge.

**Aim:** The aim of this study was to describe knowledge expectations of dialysis patients and to examine the relationship between patient knowledge expectations and selected background variables.

**Materials and methods:** There were 47 dialysis patients from one hospital in one of five hospital districts in Finland. The data were collected with a structured Expected Knowledge of Dialysis Patient- scale based on the idea of empowering knowledge. Descriptive statistics were considered with sample characteristics. Non-parametric statistics were used to for all tests.

**Main results and conclusion:** Dialysis patients (mean age 62) expected multidimensional knowledge. The highest expectations were recorded for the bio-physiological, functional and ethical dimensions of knowledge, the lowest on financial, social and experiential dimensions. Patients expected knowledge particularly in the prevention of complications, in the progress of the disease and tests and examinations. Retired patients expected more knowledge about the experiential dimension such as whom to talk about feelings concerning to illness, therefore more conversational therapy should be given to retired patients. On the other hand older patients expected less knowledge about ethical dimension than did younger (< 63 years) patients. The results are valuable in planning empowering patient education and can be used to increase the patient's input in the treatment planning phase. Not all the patients expect the same knowledge, and therefore it is important to tailor education individually.

**Keywords:** knowledge expectation, dialysis patient, empowerment

## Parallel Session 2. Active in Old Age

### 6. MEDICATION WITH AGEING PEOPLE IN SALO-CITY, FINLAND

*Jaana Forsbacka MNSc, RN, Turku University of Applied Science, Finland*

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One of the principal aims in the National social- and health care target- and development programs is to improve the quality of home help services, when elderly people can live at home as long as possible. One of the main reasons to institutional care is a number of medications, which cause elderly people so many problems they can't live home. At 2007 year medications sales increase 6 % than previous year. In Finland tree biggest medicine-group was: nervous system medicine, cancer medicine and heart and circulation medicine. Our students of the Turku University of Applied Sciences wanted clear up what kind of situation is about medicine in Salo city. Salo city is a small town, between our capital town Helsinki and one bigger town Turku. This town is close to everything and everyone. Today, Salo has about 25,000 inhabitants, and more people continue to come. About 20 % of populations are elderly. The results about clearing were consistent with everywhere in Finland. We have situation, that many aged people use even more than ten medicines at the same time, which causes many problems. In Finland overmedication is a huge problem among elderly people which appears in several researches. The most common problem of elderly peoples medication is simultaneous use of several different types of medicines which can cause detrimental side effects. The largest quantity was 19 different medicines and the smallest only one medicine at the same time. However the majority of the elderly people had more than eight medicines in simultaneous use. The most common medicine in use was a medicine called Opamox® which is used as a sedative. There were also painkillers, laxatives, sleeping pills and medicines used in psychiatric nursing. The average number of drugs used by out hospital patient in Salo is nine. The number of drugs used by a person varied from two to 20. The WHO recommendations were fulfilled by 19 percent of people of the research group. The most common drugs were acetylsalicylic acid, paracetamol, furosemid, donepezil and isosorbididinitrate. The most used psyche and sleeping drugs were tsopiklon, citalopram and oxazepam. When elderly people use many medications, they also have many side effects. The most common side effects are insomnia, dizziness, mouth dry, memory lost, urin goes under, constipation and pain. We have several things to improve in elderly peoples medication. It is very important that the medication is checked regularly and often enough to avoid dosing too many different types of medicines. Nurses' responsibility is to observe the effect of the medicines on a patient and to report it in a proper way. Considering the expenses nurses could pay more attention to using non-medical ways to treat a patient and the patient gets healthy and active ageing and possible to live at home as long as possible.

## 7. IMPROVING THE QUALITY OF ELDERLY SERVICE -OPTIMAL MEDICAL CARE

*Tarja Bergfors, MEdS, RN, Turku University of Applied Science, Finland*

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The population in Finland will be ageing rapidly in the next few decades. It would be difficult to curb expenditures without reforming the service structures and manners of service provision. Valo (Optimal Medical Care for Elderly people) is an improvement project in Salo, which focus on medical care among elderly people. The supporters in this project are the city of Salo, the Health Care Center on the Salo District Area and Turku University of applied science. The main goal of this project is a permanent modification in medication care among elderly, not just occasional changes. With these permanent modifications, we make possible to live longer at home and improve the quality of life of elderly people. The Government Resolution on the Health 2015 public health programme outlines the targets for Finland's national health policy for the next fifteen years. The main focus of the strategy is on health promotion, not so much on developing the health service system. One of the main targets for elderly people is average functional capacity among people over 75 to continue to improve as it has for the last 20 years. The first target in Valo was to confirm the medical care know-how among personal in the institutional care and treatment of outpatients. The second target was the education the health care professionals to recognize the threats and black spots in medical care so that they can minimize the problems in medical treatment. The third target is to make a safety and optimal medical care. To advanced this the project will increase the basic knowledge of handling drugs, implement and documentation in medical care. The Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities have together published a new national framework for high-quality services for older people in 2006. The frame-work is a recommendation intended for the local authorities as an instrument for the development and assessment of the services they provide for older people. Furthermore, the recommendation incorporates ethical principles for the services. One of the most important tools in the Valo project is to introduce this framework in all sectors which work with elderly people in Salo area. The project started to measure the present state of old people in Salo in the spring 2006. The goal of the measurement was to find out how old people experience the quality of service and to find out the quality of the medicine treatment. The second step in 2007 was to educate all the nurses and other people who work among elderly people and medication. In 2008, the project will evaluate the education and improvements in elderly care and service by measure the present stage of old people. One of the most important questions in medical care among elderly is the permission to give medication, to educate constantly nurses in elderly care and make sure that all the new workers get good orientation to medical care. In this project, we try to influence all these questions and improve the quality of elderly service.

## 8. HOW DO NURSES SPEND THEIR TIME IN ELDERLY CARE?

*Pia Eloranta, MNSc, RN, Department of Nursing Science, University of Turku, Finland*

*Riina Heinonen, MNSc -student, RN, Department of Nursing Science, University of Turku, Finland*

*Mia Kundt, MNSc -student, RN, Department of Nursing Science, University of Turku, Finland*

*Hannele Lyytinen, MNSc, RN, Director of Elderly Care, The Health Care Centre of Salo Region, Finland*

*Riitta Tuomisto, MNSc, RN, Senior Lecturer, Department of Nursing Science, University of Turku, Finland*

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Background: In elderly care it's important to support patients' activities of daily living, but the shortage of personnel sets challenges to good quality of care. To examine work allocation is one method to show what nurses do and how much time they spent in various nursing activities during the working hours. The studies can be used to analyze nursing and to point out possible problems in work flow or in work distribution between different shifts or occupational groups.

The aim of the study: The aim of this study was to examine the allocation of nursing time to various activities of personnel during one week in elderly care in one Finnish municipality.

The method: The data were collected from the nursing staff of one nursing home (n=120 shifts), one ward in health centre (n=64 shifts) and home health care during one week. Self-reporting forms were developed for the purposes of this study.

The results: According to the results of this study the staff in elderly care spent 50-53 % of their working time in direct care, 20-35 % in indirect care, 7-11 % in personal activities and 5-19 % in other duties. The findings of home health care are not yet available. In the nursing home most of the time in direct care was spent in dressing or undressing the patients, helping them to toilet and discussing with them. In the health centre ward most of the time in direct care was spent in washing the patients and helping them in eating and drinking.

Conclusion: This research showed that only half of the working hours in elderly care are spent with the patients even they need a lot of help and support. On the other hand there are lots of indirect care activities such as medical treatment, reporting and documentation, which are a part of the good quality of elderly care.

## 9. THE RESEARCH PROGRAMME FOR THE ASSESSMENT AND SUPPORT OF EXTENDED FUNCTIONAL CAPACITY

*Pertti Pohjolainen, Age Institute, Helsinki, Finland*

*Sirkkaliisa Heimonen, Age Institute, Helsinki, Finland*

*Arto Tiihonen, Age Institute, Helsinki, Finland*

*Mika Simonen, University of Helsinki, Finland*

*Elina Karvinen, Age Institute, Helsinki, Finland*

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The Research Programme for the Assessment and Support of Extended Functional Capacity is comprised of the Age Institute's research and development projects. The research questions of the programme include: 1) What are the inter-relations of physical, psychological, social and experiential functional capacity in older adults? 2) How a comprehensive assessment of functional capacity is carried out and what kinds of approaches are needed? 3) What is assessment-based, individual support for an older adult like? The concept of extended functional capacity will be defined in the research and development projects. The starting point for individual support for an older adult consists of understanding the older person, his/her environment and life situation through the assessment of extended functional capacity. Assessments also support the procedure of individual support programmes. One project in the programme is Seniors in the City (2008-2010), which aims to create opportunities of participation, action and agency for older adults with limited mobility and early stages of dementia in inner city surroundings. The key factor is to detect the deterioration of everyday coping and the risk factors of exclusion in the target group. The support of functional capacity requires a comprehensive assessment of individual resources and customized support for the needs, aims and experiences of older adults. The objective of the project is to develop an extended model of assessment and support with which an older adult can find individual resources and become active in promoting personal functional capacity.

## 10. SUPPORT AND SECURITY BY THE VIVAGO WRISTCARE HOME SYSTEM

*Helena Norokallio, project coordinator, Association for Vicinity Services in Turku Kotikunnas, Finland*  
*Pilvi Heiskanen, manager of home for the aged, Association for Vicinity Services in Turku Kotikunnas, Finland*

*Pia Lehtoranta, project secretary, Kotikunnas, Finland*

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The elderly care in Finland is changing: institutional care is decreasing and the focus is now on developing home-care. Since 2001 the Association for Vicinity Services in Turku has used The Vivago WristCare Home System in the assisted living. The system automatically monitors the user's well-being 24 hours a day. The wrist unit measures normal activity level, skin temperature and skin conductivity. Among other things it transmits the activity curve, has both manual and automatic alarms, for example alarms based on unusual periods of immobility or prolonged passivity. The system includes a base unit that is connected to the telephone network and it can trigger an alarm when user is unable to do it. The aim of the project is to evaluate whether the wrist care system is suitable for elderly people living at home, if it improves the quality of life and the possibilities to carry on living independently. The project has been financially supported by RAY. Our association is cooperating with City of Turku, University of Turku and Turku University of Applied Sciences. The wrist care system has been used by 18 clients during two years. We have regularly been in contact with the clients and analysed the activity curves. D15, GDS-15, Quest-analysis and structural interviews are used as evaluation methods. According to our experiences the system is suitable for the elderly and chronically ill persons living at home and it enables them to live longer independently. The system provides a peace of mind for both family members and the elderly themselves by giving support and extra security. As a matter of fact it has already saved lives by calling for help automatically in cases of emergency. Nevertheless technology can't replace the presence of human being.

## Parallel Session 3. Collaboration and Participation at the Local Level and Access in its Widest Sense

### 11. TOTAL AND WORKING LIFE EXPECTANCY AT RETIREMENT - TRENDS AND PERSPECTIVES: CASE OF LATVIA

*Juris Krumins, Dr.habil.oec., Professor, University of Latvia*

*Inta Krumina, Dr.oec., Assoc. professor, University of Latvia*

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Background: Pension and health care reforms are important issues on the social policy agenda in many European countries that are affected by problems created by an aging population. Economic decline at the beginning of transition, accompanied by a demographic and health crisis, and further growth of national economy has forced Latvian politicians and social scientists to intensify discussions about healthy and active ageing of population.

The aim of study is to analyse socio-demographic dimensions of trends and consequences of the growth of total and working life expectancy at retirement ages. Materials and methods: On the basis of census data, population estimates, current vital statistics and labour force survey data life tables and working life tables are calculated. To calculate projected number of expected years of retirement, a working model for improving life expectancy was applied to Latvian data.

Main results: In 2007 Latvia surpassed the EU 27 proportion of population aged 65 and over. Parallel to rise of retirement age average exit age from the labour force has increased, reaching 61, which is slightly below the EU 27 level. Due to relatively low pensions employment rate of older workers in Latvia is rather high, exceeding EU 27 average by factor 1.3. Working life expectancy at age 60 is growing mostly due to rise of economic activity. Life expectancy at age 60 for men in Latvia is lowest, but for women the 3rd lowest among the EU 27 countries. Long lasting decline during the soviet period and later fluctuations of life expectancy determine methodological problems for projections of expected years of retirement.

Conclusions: Total and working life expectancy at retirement is projected to rise (faster for males than females) in spite of unfavourable trends till mid 1990s. Healthy and active life in retirement period is becoming of increasing value for society.

## 12. GERONTOPSYCHOTHERAPY IN WORKING AGING MALE AND FEMALE

*Inara Roja, Dr.med., Riga Stradins University, Center for Studies in Family Medicine, Latvia*

*Janis Zalkalns, Dr.habil.med., professor, Riga Stradins University, Institute of Rehabilitation, Latvia*

*Zenija Roja, Dr.med., senior researcher, Riga Stradins University, Institute of Rehabilitation, Latvia*

*Henrijs Kalkis, sc. assistant, University of Latvia, Faculty of Management and Economics, Latvia*

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**Introduction:** In Latvia nowadays is watching rapid growth number of working aging males and females, who have excellent professional quality. But these persons often suffer from unhealthy ageing: psychosomatic diseases and depressive mood. It is known that for such working persons do not so essential their objective health status and biological determination of their life, but very important is subjective self-feeling. During gerontopsychotherapy psycho traumatic conflicts in autogenously training (AT) treatment sessions patient's subconscious mind are being processed in a way not dangerous to one's health, substances creating feeling of natural pleasure and anti-alert are distributed.

**Material and methods:** During last two years 42 patients were treated and observed: 28 working females and 14 males aged between 61 and 71 having light or medium stages of neurotic depression with alert elements, negative self-feeling. Montgomery-Åsberg Depression Rating Scale (MADRS) and Stress monitoring (SM) were used to assess the expression of neurotic depression and stress level in the beginning of the therapy and at the end of the therapy course. For 23 patients the treatment included AT session - twice a week two months, 19 patients representing control group received only psychopharmacological treatment.

**Results:** 23 patients developed a positive feeling, active way of life already after two weeks of AT treatment course without necessary to use medicine treatment. Catamnesis data show that all 23 patients after 2 month treatment use regularly self-relaxation. Only 10 per cent of patients of control group after 2 weeks therapy had improvement of psychoemotional and somatic state. Under stress circumstances the patients continued to suffer from depressive mood, self-depreciation and sense of guilt.

**Conclusion:** Two-month autogenously training therapy is an effective modern short-term gerontopsychotherapy for working aging females and males and it should be included in the management of stress and depression for working aging males and females.

### 13. ACTIVE AGENING IN ESTONIA

*Anne Ehasalu, MA, Tallinn Health College Tiina Juhansoo, MD, PhD, Tallinn Health College, Estonia*

*Merike Kravets, Bacc, Tallinn Health College, Estonia*

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**Background:** In 2006 the presentation of people 50+ In Estonia was 19%. By the year 2050 the projected % of people over the 65 will be 38%. The aging of the population will influence the demand for health care and social services and have the major effect on the labor market. The unemployment rate in Estonia among the people 50+ Is growing. (Ministry of Social Affairs, 2006).

**The aim:** to create a tool to activate the person in elderly age Study problem: the needs of knowledge about the elderly age to be active in society Material: 43 social workers and 30 elderly people

**Methods:** Structured questionnaires were delivered to 43 social workers and 30 elderly Poska center, Tallinn Pedagogical Seminar, Tallinn Health Care College, Haapsalu Social Home, Estonia. Material was analyzed by Exel program.

**Main results:** The needs and hopes of elderly were described. The needs of social workers to help activate elderly were described. In the framework of the project Leonardo da Vinci (Denmark, UK, Spain, Cypros, Hungary, Austria, Germany and Estonia) the handbook for the training of elderly, to support community initiatives to act together and decide together was created.

#### 14. SERVICE CHAIN FOR ELDERLY GYM USERS IN KUOPIO

*Sanna Ahonen, Exercise physiologist, Master of Physical Education/ Recreational Services Center, City of Kuopio, Finland*

*Maija Roine, Head nurse /Rehabilitation Unit of Kuopio Social Welfare and Health Care, Finland*

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The aim of both the Social Welfare and Health Centre and the Recreational Services Centre of the City of Kuopio is to activate and enable the elderly to maintain their health and slow down the changes brought along by the ageing process. Varied, regular and safe exercise is a part of health care for the elderly, both preventive and curative. There is undisputable proof that strength training increases the functioning and activity level of the elderly. The elderly have the opportunity to participate in strength training in municipal care homes, elderly service centres, leisure centres and gyms that have been designed for the needs of older people and especially those with decreased mobility. Around 10 percent of those aged 65 or over participate in guided gym sessions in Kuopio. The Recreational Services Centre has a senior gym where the customers have the possibility to start their training with an induction session. A professional trainer evaluates their health, medication, level of present physical activity and their goals and hopes regarding gym training. The Senior Card, which is available for persons aged 70 or over, makes the use of gyms possible for an affordable price (20€/6 months). If the patient has limited level of functional capacity or s/he is recovering from an operation, the gym training is possible to start with a GP's referral in a health centre. The training is based on an evaluation by a physiotherapist and is completed in guided small group sessions. When the recovery is in process or the person has learned how to exercise the training can continue in other gyms as well if the patient's health stays stable despite limited mobility. Guiding principles 1) Professional assistance and guidance in exercising, personal training plan Professionals (physiotherapists, physical education instructors) who have specialised in issues relating to the elderly and gym training provide assistance. Co-operation with GP is possible if needed. 2) All municipalities owned gyms have similar equipment. It's possible to continue a strength-training programme that has been started in the local health centre because all municipal gyms have similar equipment. The programme can also be carried out in private gyms due to similarities in the level of equipment. 3) Training of peer support persons The city of Kuopio provides free of charge training for persons interested in peer support. Participants include former PE teachers, physiotherapists or otherwise active persons. The quality of peer support is controlled and monitored regularly by a person from the field of health and exercise. 4) Follow-up and reporting of activities Customer levels, regularity of visits and continuity of training, satisfaction with training, social activity and changes in aforementioned areas are monitored by the means of customer feedback and discussions taking place before and during the training programme. Physiological changes are monitored regularly by recording the results. The principles of strength training are based on research results. Research is conducted in co-operation with the University of Kuopio. 5) Distributing information about the services [www.harrastehaku.fi](http://www.harrastehaku.fi) is an Internet service including information of the activities organised in the city area. Information is also provided regularly in the local newspaper and free papers.

## 15. MASTER'S AND DOCTORAL THESIS RELATED TO GERIATRIC NURSING

*Päivi Kankkunen, PhD, Docent, University of Kuopio, Department of Nursing Science, Finland*

*Merja Nikkonen, PhD, Docent, University of Kuopio, Department of Nursing Science, Finland*

*Tarja Suominen, PhD, Professor, University of Kuopio, Department of Nursing Science, Finland*

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There is great importance for the nursing research in geriatric context. The purpose of this paper is to describe the scope and focus of master's and doctoral thesis of geriatric nursing between 2000- 2007 in one university in Finland. The Department of Nursing Science in Kuopio University is the university with longest period offering nursing science at Finnish universities. There were all together 34 master's thesis and 2 doctoral thesis of geriatric nursing, representing 10 % of all master's thesis (n=349) and 5 % of all doctoral thesis (n=41) during the time under investigation. Qualitative approach dominated the master's thesis (22/34), in 11 the data collection was quantitative and in one master's thesis both qualitative and quantitative approach were used. The content areas of master's thesis were representing the following: studies from patients' (n=13), from nurses' (n=9), from nursing administration (n=5) and from families' (n=4) viewpoint and from the viewpoint of nursing education (n=3). When looking more closely the studies from the patients' viewpoint it was found that about half looked the situation among hospital patients and half among outpatient settings. There the contents were e.g. assessments by the elderly people living at home of the national recommendations concerning the elderly, the experiences of drinking of alcohol among elderly persons, expectations of ageing people about social and health services. All master's studies made from nurses' viewpoint were done in hospital settings. Also most studies in the area of nursing administration. The aim in the doctoral study was to illustrate and understand the transition phase of old people living in Ostrobothnia, while they are leaving their own homes in order to live in the nursing home. The aim was to illustrate the significance of the transition phase for the old person. In the other doctoral thesis the topic was to look the meaningful learning experiences of the newly graduated practical nurses in the elderly care. In further studies of geriatric nursing the focus and scope should be more targeted at preventive nursing care in outpatient settings.

## **Parallel Session 4. Active in Old Age**

### **16. ACTIVE AGEING OF THE ELDERLY IN RESIDENTIAL LONG TERM CARE INSTITUTIONS**

*Lina Spirgienė, RN, MSN, PhD student Clinic of Geriatric, Kaunas University of Medicine, Lithuania*

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Like many other countries Lithuania faces a challenge of ageing population. The percentage of Lithuanians aged 65 years and above is estimated to reach 35% by 2050. The phenomenon of ageing population has important consequences for allocation of social and health resources. Many older persons who are quite independent physically and mentally search for possibilities to get accommodation in stationary care institutions. Long-term care brings together a range of services for elderly. These services can include help with everyday activities of housekeeping, transport, self-management and social activities but have usually a focus on personal care. The active ageing approach is based on the recognition of the human rights of older people and principles of independence, participation, dignity, care and self-fulfilment. The goal of healthy aging is to achieve three key characteristics: low risk of disease and disease related disability, high mental and physical function, and active engagement with life. These characteristics are important in residential long term care institutions too. Active living is a way of life in which physical, social, mental, emotional and spiritual activities are valued and are integrated into daily living. Residents are actively involved in such activities as physical activity, art, music therapy, education programs. Each home organizes a lively programme of activities; residents are involved in planning, so the programme varies according to their wishes. The daily care is organized as a response to residents' individual and combined needs. Residential long term care institutions collaborate with health care specialists, folk artists, kinder gardens, singers, photographers, priests in order to ensure quality of life. As possible active and healthy ageing is one of the most important tasks in residential long term care institutions. The social, health, emotional needs for residents positively improved by interdisciplinary team - physicians, teachers, psychologists, social workers, assistants of social workers, nurses and other specialists.

## 17. HOW WOULD I KNOW WHAT IS IN YOUR MIND? - USING PHOTOGRAPHY IN INTERACTIVE COMMUNICATION WITH ELDERLY PEOPLE FOR PROMOTING AN ACTIVE AND HEALTHY DAILY LIFE

*Andréa Vannucchi, photographer, Särkisalo, Finland*

*Tarja Lapila, documentary film director, Perniö, Finland*

*Hannele Lyytinen, MNSc, RN, Director of Elderly Care, Salo Region Health Care Centre, Finland*

*Pirkko Routasalo, Professor, PhD, RN, Department of Nursing Science, University of Turku, Finland*

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This photo-based project is part of a broader cooperation project between Salo Region Health Care Centre and the Department of Nursing Science of the Turku University. The aim is to promote physical, psychological, cognitional and social well-being of elderly people. Nine people aged 70-97 were chosen for one year follow-up (autumn 2007 to summer 2008). They have varied backgrounds, different degrees of education and international experience; certain have travelled or lived abroad while others have led a humble life without ever leaving the rural counties of Perniö or Särkisalo, where the project takes place. Photographs are taken while they undertake daily tasks both at home and in institutional care. The challenge is to understand the unique values of elderly people's daily life throughout the four seasons. Such values are difficult to pinpoint, since individuals are usually not aware of important aspect of their everyday life amidst routine practices; neither are they used to explaining such values orally. For this reason, we opted for an interactive discussion instead of interviews. In order to understand individual survival strategies, time is spent with the elders while they undertake indoor and outdoor activities and pictures are taken. The pictures are then commented by the person involved, meanings are checked and wider understanding is reached. The aim is to start the process of reading and commenting visual elements with elderly people and their relatives, elderly care professionals, decision makers, organisations and volunteers. The photographs may indicate the importance of certain outdoor activities or the uncontrolled presence of TV. The images may also be used actively and multisensitively. A person in bed may benefit from easy access e.g. to fire, flowers, fish, wool. Games may be designed for groups, the pictures may also be used to stimulate conversation and as a means for memory activation.

## 18. HEALTH ASSESSMENT OF OLD PEOPLE 80 YEARS OLD IN KLAIPEDA

*Natalja Istomina, MSc, PhD candidate, Vice Dean for Development, Faculty of Health Sciences of Klaipeda University, Lithuania*

*Faustas Stepukonis, PhD, Adjunct Professor, Faculty of Health Sciences of Klaipeda University, Lithuania*

*Tarja Suominen, PhD, Professor, Department of Nursing Science, University of Kuopio, Finland*

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**Background:** The knowledge on the aging individual has grown markedly during the last decades. Much of this knowledge is based on data from cross-sectional studies. The main object of gerontology naturally is to try to describe and explain the aging process. This is better achieved by doing longitudinal studies. The study 80+ was started in Lund (Sweden), Klaipeda (Lithuania) entered into this research process in 2003.

**Aim/study problem:** The aim of the Klaipeda 80+ study is to explore the aging process of 80-year-old and older people in the total population born in a specified year and currently living in the city of Klaipeda (Lithuania).

**Materials and methods:** The Klaipeda 80+ study is based on international programme, created by the “Lund 80+” study beginner. Klaipeda 80+ study has started in year 2003, involved the total population of individuals living in the city of Klaipeda born in 1923. The 80+ studies are using identical instruments and a longitudinal method with a sequential – including a new cohort every fifth year – design.

**Main results:** The medical, psychological and social data, collected during a visit to a local clinic, show that positive indications dominated in the health parameters examined. The majority of citizens did not need regular help and care –83.9%, were satisfied with their life after retirement –78.3%, were socializing with children “as much as they wanted” – 84.2%, with brothers and sisters – 62.6%, and with close friends –87.1%, and they “never” or “rarely” felt loneliness – 66.0%. The 47.6% of participants assessed their health as “very good” or “reasonably good”.

**Conclusions:** The research evidence contradict the widespread ageistic stereotypes in the society, in accordance with which aged people are thought to be in a poor physical and mental condition, frail, and needing help and care.

## 19. SUPPORTING RELATIVES OF AGED PATIENTS FOR ENSURING SUCCESSFUL DISCHARGE AND CONTINUATION OF CARE AT HOME

*Birgitta Mäkinen, PhD, RN, University of Turku, Finland*

*Pirkko Routasalo, PhD, RN, Professor, University of Turku, Finland and University of Tartu, Estonia*

*Liisa Iire, PhD, RN, Head Nurse, Turku University Hospital, Finland*

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Relatives have a significant role in supporting the continuity of the rehabilitation and care in order to ensure the functional ability of aged patients at home. This is supported by the Finnish government platform which emphasizes support of home living by promoting elderly patients' functional ability and the ability to stand-alone. Beside the public social and health care services relatives make it possible for aged people to live at home. Most often the relative is an old spouse. Relatives get infrequently attention as a resource of elderly patients in a hospital and at home. Relatives are often elderly patients' advocate and fellow travellers. As relatives visit a hospital they feel themselves outsiders and get information about the patient often only when they know to ask. Relationship of physicians and nurses with relatives is on a whole distant. The aim of this study is to develop a nursing care model promoting active participation of relatives in hospital care of elderly patients and to ensure a well planned discharge, continuity of rehabilitation and following-up at home for securing safe home living. The study is carried out on a specialised internal nursing ward (40 beds). Relatives of patients (aged 75 or older, N=100) and all the nursing staff of the ward (N= 24 of which 15 registered nurses and 9 assistant nurses) were chosen for the study. On the ward most of the patients (80%) are 75 years or older and the turnover of patients is about 80/month. The research material consists of pre- and post questionnaires which are directed to the nursing staff and to relatives, and a research diary is held during the ongoing intervention period. The research is carried on as a pragmatic intervention approach study. The aim is to improve the current established nursing practice with existing accessible resources. The study contains four phases: I structural questionnaire to relatives and the nurses, in the spring 2006, II interventions are carried out from the fall 2006 to the spring 2008, III renewal questionnaire to relatives and the nurses in the spring 2008 and IV a nursing model will be developed in the fall 2008. The current phase of the study: 60% of the relatives and 80% of the nurses answered the questionnaires. The material was analysed and the interventions were planned and rose reflecting the findings of the questionnaires. The progress of the interventions: there are regular motivating and developing discussions with the nurses; relatives have got well advised instructions about appointments to the physicians and other professionals important for them and patients; the nurses teach, support, try to motivate and discuss regularly with relatives during their visits on the ward. In addition, the researcher and the nursing team have together developed an information guide booklet, which embraces knowledge about the ward and its functions and gives advices for relatives, how they can support and help their close person during the hospital care. The testing of the booklet is carrying out on the ward. The study is granted by the Research Found of Turku University Hospital (EVO).

## Poster presentations

### 20. EQUIP - EUROPEAN FRAMEWORK FOR QUALIFICATIONS IN HOME CARE SERVICES FOR OLDER PEOPLE

*Heidi Hakala, M.A., Project Secretary, Turku University of Applied Sciences, Finland*

*Marjo Seikola, Student of Social Service, Project Assistant, Turku University of Applied Sciences, Finland*

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Throughout Europe the number of elderly citizens is increasing. Nine out of ten people over 75 would like to live in their own home instead of an institution. Home care is vital to achieving this. However, a lack of home care service workers is common in several European countries. Equip is a project of six European Union member countries. The partners of the project are universities, universities of applied sciences and vocational institutes in Finland, Denmark, Estonia, Great Britain, Netherlands and Spain. The aim of the project is to develop a comparison of qualifications and education among different EU countries in relation to at-home care of older people. This enhances the mobility of home care workers inside the European Union. In addition the goal is to improve the quality of home care services. In this assignment the project implements new EQF (European Qualification Framework) and ECVET (European Credit System for Vocational Education and Training) systems. As an outcome of the project, researchers, vocational educators and policy makers will build a set of electronic tools to enable the comparisons of qualifications, skills and competences between home care service workers in Europe. An electronic questionnaire or a form of e-portfolio shows the user how one's own competence profile meets the demands of the qualifications in different countries. In addition educators, policy makers and employers will be able to use the tool. It helps them to understand requirements of qualifications in other EU countries and to assess and improve education.

## 21. ORGANISING CARE FOR THE SENIOR IN ESTONIA: CO-OPERATION BETWEEN HEALTH CARE AND SOCIAL SPHERE

*Kristina Oja, MSW, Head of the Nursing Care Department, Tartu University Hospital, Estonia*

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Objectives: to find out and describe the co-operation in providing healthcare and social services in Estonia, the problems with providing services and future perspectives for developing the area. The study was part of the EU project: Care For The Aged At Risk Of Marginalization QLK6-CT-2002-02341.

Methods: semi-structured interviews with 17 experts from different local governments of Estonia in 2003. Data from the interviews was analysed based on the cross – case method.

Results: All respondents were convinced of the necessity of co-operation between health care and social welfare workers, the respondents would like to see it improved, but they believed that everything important somehow now gets done. Inter-institution integration was rather poor and the problem originated from the Ministry level where the health care and social welfare systems were separated. The interdisciplinary services (comprehensive assessment by rehabilitation and geriatric teams, service packages etc.) were unanimously regarded as essential. It was pointed out that there was no co-operation network between the specialists, no common databases and that their usage was not regulated. To make the co-operation more efficient it was recommended that the training of the specialists working in health care and social welfare should be improved; specialist doctors (geriatricians) are awaited and the counties' development plans for nursing care and welfare services would be completed and implemented. Engaging the family and other helpers of the non-formal network in caring for the senior was deemed important, while it was also stressed that providing them with comprehensive support was necessary.

Conclusions: counties' social sphere executive officers regarded it vital to improve significantly the co-operation between health care and social welfare, to create common databases and assessment teams and to support the non-formal carers.

## 22. EVALUATION OF THE FUNCTION CAPACITY OF THE ELDERLY PEOPLE

*Kirsi Järvinen, Head Nurse, RN, The Health Care Centre of Salo Region, Finland*

*Päivi Laaksonen, Head Nurse, RN, The Health Care Centre of Salo Region, Finland*

*Tanja Tyynelä, RN, The Health Care Centre of Salo Region, Finland*

*Hannele Lyytinen, MNSc, RN, Director of Elderly Care The Health Care Centre of Salo Region, Finland*

*Pirkko Routasalo Professor, PhD, RN, Department of Nursing Science, University of Turku, Finland*

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The Health Care Centre of Salo Region and the Department of Nursing Science at the Universities of Turku and Tartu have in cooperation been developing the care of elderly people. The intention of this project is to promote the functioning of elderly people in the areas of physical, psychological, cognitional and social well being. This project includes elderly people who are living in their own homes, in sheltered homes, in nursing homes and in hospital wards. In this project the aim is that the personnel should identify the main health problems in the care of elderly people and familiarize themselves to some rating scales. The rating scales that are chosen evaluate physical functioning, depression, pain, nutrition, skin condition, alcohol use and memory. Rating scales are used to get relevant information of the health and function capacity of the elderly people. This information gives guidance when planning individual care and service plans and it is also used when elderly people are located to the right level of care services. Also the personnel should familiarize themselves to some nursing interventions. The main themes are how to promote the postural balance and strength and how to support elderly people to take part to the activities. The whole personnel has been educated in these themes so that they should learn new functional principles and modes. There has been named responsible nurses for the main health problem areas. They work as specialists of their own areas advising other personnel and clients as well. The main intention of responsible nurses is to connect clinical nursing and theoretic nursing knowledge and get evidence based nursing to become part of the everyday work. This project's target is to support wellbeing and health of the elderly people and improve the quality and the effectiveness of the health care services.

### 23. NEW INTERNATIONAL JOURNAL FOR BALTIC NURSES

*Natalja Istomina, RN, MSc, PhD candidate, Vice Dean of Faculty of Health Sciences, University of Klaipeda (Lithuania), University of Turku (Finland)*

*Arturas Razbadauskas, MD, PhD, Associated Professor, Head of Department of Nursing, Faculty of Health Sciences, University of Klaipeda (Lithuania)*

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**Introduction:** Journal Baltic NuRsE was firstly published in February, 2008 in Lithuania. It is a first scientific journal of Lithuanian nurses, which is publishing in English. There original manuscripts based on nursing research and literature reviews, writing in English are accepting to Journal.

**The purpose:** of the journal is to unify nursing scientists working in three Baltic countries (Estonia, Latvia, Lithuania), trying to enlist those scientists of Baltic region to be oriented towards East countries (Kaliningrad area of Russia and Poland). Also the publications of well-known European scientists from Scandinavian countires: Finland, Sweden, Norway and Denmark are expected.

**Discussion:** The journal is published in English for the reason of performed researches to be understood in the Europe and whole world. It is expected that the journal will be useful for Bachelor's, Master's and Doctoral students of Nursing Science of Baltic countries, including the opportunity for publishing their own studies. It is planned that one issue of the journal will be published per quarter.

**Conclusion:** The journal was introduced to the President of European Academy of Nursing Science and received the approval of the President. It is expected that in the future the journal will assure the development of nursing science in Baltic countries.

## 24. GERONTOLOGICAL NURSING SCIENCE

*Pirkko Routasalo, Professor, Department of Nursing Science, University of Tartu, Estonia*

*Arja Isola, Professor, Department of Nursing Science and Health Administration, University of Oulu, Finland*

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Gerontological nursing science adds the knowledge base of evidence based elderly nursing care. Qualitative and quantitative gerontological nursing science studies have been made over 20 years in the Finnish universities. Studies, which examine interventions and different services, have increased during this millennium. The future challenges are randomized controlled and action studies of nursing interventions to strengthen the gerontological evidence based nursing practice.

Gerontological nursing science is based on the paradigm of nursing science in an aged person's context. The main concepts are aged person, health, environment and nursing. Nursing can be examined from preventive, curative or palliative perspectives.

In studies and in practice an aged person is seen from person centeredness with his/her own values, experiences, resources and will. The aim is to support an aged person's self-care and decision making at home as well as in an institution. This means that the observable and hidden physical, mental, cognitive and social resources are understood and an aged person is encouraged to use those. The resources of an aged person are emphasized when the need of help or nursing is planned. There are already many studies, which light aged persons' values, experiences and adherence to self-care.

In spite of the fact that an aged person probably has lost many friends through their death, still many has close persons around them. With their help an aged person can live active and meaningful life by adapting functional disabilities. A close person is a resource to an aged person but also to professionals. More studies are needed to understand how caregivers' resources from their own perspectives can be supported.

An aged person's health (functional capacity) and health problems can be studied from objective and subjective perspectives. A person's health is proportioned to his/her lifelong health and how he or she has compensated or coped deficiencies. The subjective experience of his/her health or health problem and what he/she appreciates in health effects the nursing interventions he/she is needed.

An environment is seen as a resource or an obstacle for a person in using functional activities. Light, colors, materials as well as every day matters, culture or people around create the environment of an aged person. Better physical health does not necessary lead to better escape in the environment. In supporting an aged person coping in his/her environment means empowering his/her own positive experiences. More studies are needed to understand the effects and possibilities of an environment to an aged person's physical and psychosocial well-being.

Gerontological nursing science examines professional nurses' working and nursing interventions. Professional nurses have special knowledge from ageing, older people as well as health and health problems of aged persons. They work in a multiprofessional team in supporting an aged person to eliminate his/her health problems, alleviate those or live with those. Gerontological nursing interventions are normal nursing interventions as applied to ageing and health of older people.

## Presenters

**O** = Oral presentation

**P** = Poster presentation

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Bergfors	Tarja	O7
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Stolt	Minna	O4
Suominen	Tarja	O15,O18
Tiihonen	Arto	O9
Tuomisto	Riitta	O8
Tyynelä	Tanja	P22
Vannucchi	Andréa	O17
Virtanen	Heli	O5
Voutilainen	Päivi	O4
Zalkalns	Janis	O12



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