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SELF-CARE BEHAVIOR STYLES AND THE FUNCTIONAL ABILITY OF ELDERLY PEOPLE LIVING IN THEIR HOME ENVIRONMENT

VEDENJSKI STILI SAMOOSKRBE IN FUNKCIONALNE SPOSOBNOSTI STAROSTNIKOV V DOMAČEM OKOLJU

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Key words: behavioral styles, self-care, functional ability, elderly people

ABSTRACT

Introduction: One important factor in allowing elderly people to live at home is self-care. *S*elf-care is taking care of his/her own self; it is a part of an individual lifestyle, which is shaped by values and beliefs learned in specific cultures. Self-care practices reflect in elderly people's individual behavior style, functional ability and adaptations specific to their personal histories, current circumstances and views of the future.

Aim: The aim of this study was to produce new knowledge about the self-care of home–dwelling elderly people. The contribution presents only a part of the extensive survey conducted on the elderly people in their homes throughout Slovenia.

Methods: Quantitative structured data was collected through interviews of home–dwelling elderly people throughout Slovenia (N = 302). Structured instruments were used and, the self-care behavioral styles and functional ability of home–dwelling elderly people were measured. Community nurses in cooperation with the researcher selected the elderly people in their homes to participate in the study. Descriptive statistics were used for the presentation of sample background information and results.

Results: Each elderly person was classified into a self-care behavior style: responsible self-care behavior style, formally guided self-care behavior style, independent self-care behavior style and abandoned self-care behavior style. The results shows that the individual self-care behavior style was not always clear to determine. There were many elderly people who were representative of self-care behavior combinations. In these cases, the predominant self-care behavior style was selected.

Discussion and conclusions: The results derived in the study offer new information, which can contribute to understanding and developing elderly people's experiences of their self-care and the ability to take care of themselves. The results are also applicable in developing gerontological education for nurses.

Ključne besede: vedenjski stili, samooskrba, funkcionalna sposobnost, starostniki

IZVLEČEK

Izhodišča: Eden izmed pomembnih dejavnikov, ki starejšim ljudem omogoča, da živijo v domačem okolju, je samooskrba. Samooskrba pomeni, da posameznik skrbi za svojo lastno samoregulacijo. Samooskrba je del življenjskega sloga posameznika in se oblikuje na vrednotah in prepričanjih posebnih kultur. Samooskrba odraža individualne stile obnašanja in prilagajanja starostnika glede na funkcionalno sposobnost, osebne izkušnje iz preteklosti, trenutne razmere in pogled v prihodnost.

Cilj: Cilj te študije je bil pridobiti nova znanja o samooskrbi starostnikov, ki živijo v domačem okolju. Prispevek prikazuje le del obširne raziskave, izvedene pri starostnikih na njihovih domovih v različnih krajih v Sloveniji.

Metode: Raziskava ima kvantitativen značaj, podatki so zbrani s pomočjo strukturiranega vprašalnika. Anketa je bila opravljena na vzorcu 302 starostnikov, živečih v domačem okolju v slovenskem prostoru. Izbor vzorca so v sodelovanju z raziskovalko opravile patronažne medicinske sestre. Za prikaz demografskih podatkov preiskovancev in rezultatov klasifikacije je bila uporabljena opisna statistika.

Rezultati: Vsak starostnik je bil razvrščen v enega izmed štirih vedenjskih stilov samooskrbe: odgovoren vedenjski stil samooskrbe, formalno voden vedenjski stil samooskrbe, neodvisen vedenjski stil samooskrbe in zanemarjen vedenjski stil samooskrbe. Rezultati kažejo, da posamezni vedenjski stili samooskrbe niso bili vedno jasno določeni. Večina starostnikov je izražala kombinirane vedenjske stile samooskrbe, razvrščeni so bili v prevladujoči vedenjski stil.

Diskusija in zaključki: Pridobljeni rezultati prinašajo nove informacije, ki se lahko uporabijo za razumevanje in razvoj izkušenj o samooskrbi starostnikov, ki živijo v domačem okolju. Rezultati so prav tako uporabni za razvoj gerontološke izobrazbe medicinskih sester.

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Introduction

All European countries including Slovenia face big demographic changes which involve a rapid increase in the percentage of the elderly in the total population. With this in mind, it should be emphasized that the estimation of elderly people should be based on the level of their functionality and not according to chronological age as functional capabilities range from complete independence to complete dependence, accompanied by physical, cognitive, psychological and emotional deprivation (Hagberg, Hagberg, Saveman, 2002). The need for help increases with age (Gerson et al., 2004). From the viewpoint of future health and social policies the growing number of frail elderly people causes concern for two major reasons. Firstly, the possibility to continue to live at home even in old age is a highly valued aspect of health care. Living at home is thought to improve the quality of the elderly life. Secondly, home care is much more cost efficient than institutional care.

Functional capacity

Functional capacity as defined by Kutzleb, Reiner (2006) encompasses a person's ability to carry out the usual activities of day-to-day life (ADL). Functional capacity was approached from the viewpoint of ADL and IADL (instrumental activities of daily living), which are both widely used concepts regarding the functional capacity of elderly people. The functional capacities of elderly people have been widely studied using ADL or IADL as tools, but there are very few studies dealing with the relationships of functional capacities and self-care (Backman, Hentinen, 2001; Lehtola, Koistinen, Lauukinen, 2006). According to Erjavec, Dobrin, Bizjak (2002) and Stineman et al. (2005), physiological changes and frequent diseases accompany ageing, decrease the functional ability of elderly people, and thus limit the selection of physical activity which Nevalainen, Hiltunen, Jalovaara (2004) and McDevitt et al. (2006) define as any bodily movement in daily living, voluntary or involuntary that is produced by skeletal muscles and results in energy expenditure. Physical activity, which is genetically based on survival, is quantified by energy expenditure is a reflection of gender, age, and body mass, as well as the intensity and efficiency of movement (Center, 2006).

Self-care

An important factor which allows elderly people to live at home is self-care. Self-care is taking care of his/her own self; it is a part of an individual lifestyle, which is shaped by values and beliefs learned in specific cultures (Slovar, 2005). Self care practices reflect elderly people's individual styles and adaptations specific to their personal histories, current circumstances and views of the future. According to Backman, Hentinen (1999), self-care seems to be connected with the personal experiences of each old woman or man. In other words, self-care is the personal care that individuals require each day to regulate their own functioning and development. Orem (1991) states: »self-care means care that is performed by oneself for oneself when one has reached a state of maturity that enables consistent, controlled, effective, and purposeful action«. Therefore, self-care activities are not seen merely as rational ways to maintain health. Self-care is also not only a conscious way to act, but partly also a subconscious routine that has been shaped in the course of life. Furthermore, it is not a separate part of old men's or women's lives but is associated closely with both, their past life and the future. Such knowledge of the self-care of elderly people helps us to understand many aspects of self-care and its associations with vulnerability in later life.

According to McAuley et al. (2000), the theory of self-care proposes that individuals learn and deliberately perform for themselves or have performed for them (dependent care) on a continuous basis those actions that are necessary to protect human integrity, physical and mental functioning, and development within norms essential for promoting life, health and well-being. Leinonen, Heikkinen, Jylhä (2001) consider physical activity to be an important factor when older people assess their health.

It should be noted that any synthesis of the self-care of the elderly people and related factors based on the existing research knowledge is hampered by the fact that self-care and related factors have been defined from different theoretical viewpoints and operationalised in a number of different ways.

In this study Backman's theory of self-care of the home-dwelling elderly people is used (Backman, Hentinen, 1999). The model consists of four types of self-care with different conditions for action and different meanings: responsible self-care, formally guided self-care, independent self-care and abandoned self-care.

Backman, Hentinen (1999), Železnik (2007) defined responsible self-care as being active and responsible in all the activities of daily living and caring for both, health and illness. The precondition for responsible self-care is having a positive outlook for the future as well as a positive experience of ageing. Responsible self-care is the desire to continue living as an active agent. People also trust in the future and think that when they do need help from others, they will get it.

On the other hand, formally guided self-care noted by Backman, Hentinen (1999), Železnik (2007), consists of regular but uncritical observance of medical instructions, health care and routine performance of daily tasks. These old persons do what they were told, but are not aware of the reason behind their actions. Formally guided self-care is based on life experiences of taking care of others. The meaning of formally

guided self-care is a tendency to accept life as it comes, while according to Železnik (2007), independent self-care is based on the elderly person´s desire to listen to their internal voice. They have original ways of taking care of their daily activities, health and illnesses. The precondition of independent self-care is the aim to manage in life independently. The meaning of independent self- care is an attempt to maintain the constancy of life. Abandoned care, on the other hand, is characterized by helplessness and a lack of responsibility by Backman, Hentinen (1999) and Železnik (2007). These elderly people do not care about themselves. They are no longer able to manage daily activities and feel helpless for different reasons. Abandonment occurs when a person opts to give up.

Purpose: The purpose of this contribution is to describe the self-care behavioral styles of home-dwelling elderly people. The aim of this study was to produce new knowledge about the self-care of home-dwelling elderly people living in Slovenia.

Methods

Quantitative structured data was collected by interviewing persons using instruments that measure functional capacity and types of self-care. The purposive sample (N = 320) was used since this study was aimed at self-care behavioral styles of home-dwelling elderly people in Slovenia, aged 75 or more and with the ability to communicate. Community nurses in cooperation with the researcher, selected elderly people in their homes to participate in the study. The purposive sample involved a researcher's conscious selection of a certain criterion. Efforts were made to include typical subjects. Quantitative study was needed to get a general picture and to describe the self-care behavioral styles of home-dwelling elderly people in Slovenia because there is not enough knowledge on this topic. The first step was quantitative research and statistical analyses were made to find the most important items.

Instrument

The instrument consisted of 91 items and covered background data, types of self-care, self care orientation, functional ability, life satisfaction and self-esteem. Five main factors of the instrument were processed and based on classification of different self-care behavioral styles; some additional comparisons were done.

The original instrument was previously used in the Finnish language. It was based on Backman's theory of the self-care of elderly people and it was used and tested in Finland. The reliability and validity was found to be good (Räsänen, Backman, Kyngäs, 2007). In order to use the instrument in this study, it had to be translated from Finnish into English and then to Slovene following instructions by Harkness (2003). Before the instrument was used, it was pre-tested by five elderly people. The researcher asked the elderly people to read the instrument very carefully and provide their comments. In their opinion, units, sentences and statements were logical, understandable and unambiguous.

The instrument included background data (locality, place of residence, sex, age, marital status, education, main working experience, lifestyle and dwelling) and the following subscales measuring the following factors: the types of self-care, self-care orientation, life satisfaction (SWLS), self-esteem (Self-esteem Scale) and functional ability (ADL/IADL Scale) of home-dwelling elderly people. Instruments measuring types of self-care and self-care orientation were summarized by Backman (Backman, Hentinen, 1999).

The instrument of life satisfaction was prepared on the basis of Diener et al. (1985), Satisfaction with Life Scale« (SWLS) and contained five items that measured general life satisfaction. Self-esteem of the elderly people was measured by Rosenberg's Self-Esteem Scale Rosenberg et al. (1995) and contained 10 items. Although the scale was originally designed for adolescents, it has also been used among the elderly population, and it has been shown to have high internal consistency (Krause, 1995; Backman, Hentinen, 2001).

Data collection

The data was collected in different cities throughout Slovenia (Maribor, Celje, Ptuj, Murska Sobota, Velenje, Slovenj Gradec, Izola, Koper, Nova Gorica) by interviewing elderly people in their homes by a structured instrument. The community nurses and researcher selected elderly people who fulfilled the criteria (over 75 years old, does not have a profound hearing problem, does not have a severe mental problem/cognitive disability, can speak Slovene, can give fully informed consent of their participation).

Community nurses provided the researcher with the elderly person's name, address and contact information. Before beginning with the data collection, community nurses and the researcher contacted all the selected elderly people by phone and if the elderly people decided to participate in the study, they arranged a convenient time to visit the person at their home. All the home–dwelling elderly people in this study were capable of describing their experiences of self-care and they were very interested to discuss and share their opinions. When answering the question concerning the types of self-care, the elderly people had to choose one of the five alternatives (fully disagree, partly disagree, does not apply, partly agree, and fully agree), but when answering questions concerning functional ability they were able to choose from only three alternatives (I can manage independently without difficulties, I can

manage independently, but with difficulties, I cannot manage independently).

Some of the home-dwelling elderly people could not concentrate the entire time of the quantitative research, so the conclusion is that the instrument was too long for them. The interviews with the home-dwelling elderly people went smoothly, however, with some of them there were obvious problems. For example, some elderly people had a somewhat limited vocabulary, and if their response was unclear, the researcher repeated or rephrased the question to make sure the elderly people had understood. Problems were also caused by some elderly people tiring quickly and not being able to concentrate on the interview for more than a short period of time.

Data analyses

The data were analyzed by exploratory factor analyses – principal component analyses with varimax rotation and an unlimited number of factors (Burns, Grove 2005). Before the final exploratory factor analyses, all items with low correlation coefficients (under 0.400) were omitted. Items with factor loadings under 0.400 were also omitted, and missing values were excluded likewise. Factors were extracted using the following guidelines: eigenvalues were greater than one in all factors and the factors showed a reasonable structure in terms of the theory underlying the instruments (Gerrish, Lacey 2006). Based on these criteria, a twelve-factor solution was specified for the first subscale measuring the types of self-care. The factor analysis started with 42 items and 6 items were omitted based on the above criterion. The second subscale measuring the self-care orientation four-factor solution was made with 12 items (two were omitted).

Sum variables were made for each factor of self-care of home-dwelling elderly people and separated into three categories (good, moderate, poor), using percentiles. The procedures of sum variables calculations were done by adding together all the items of each factor and dividing the total by the number of those items. The relations between the factor variables were analyzed using cross-tabulations and χ^2 test. Also sum variables were made to separate the functional capacity of elderly people into three equally strong categories: poor, satisfied and good. According to statistical calculations (percentiles), elderly people with functional capacity below 1.7273 (on a scale from 1–3, 1 being the best) were classified as poor.

In the last step of the quantitative analysis, the relation between self-care behavior styles and the sum variables was calculated using cross-tabulation. For this reason elderly people were classified into four different categories of self-care behavior styles (responsible, formally guided, independent, and abandoned). Elderly people were classified into self-care behavior categories according to their statements in the instrument. The results were presented as box plots.

The statistical calculation was made by SPSS (Statistical Package for the Social Sciences) 12.0.1. SPSS supports all the statistical methods used in this study.

Ethical considerations

The Board of the Ethical Committee in Slovenia approved this research study into home–dwelling elderly people. The permission to use the instruments was given by the Ethical Committee in Slovenia. In this study it was emphasized that participation was completely voluntary. Written consent was obtained from each elderly person. Anonymity and confidentiality were assured. Participants were made aware that their participation was entirely voluntary and that they had the right to withdraw from the study at any time. Participants were assured that their confidentiality will be protected and findings reported anonymously. Quantitative information was obtained using anonymous instruments.

Results

The purpose of this study was to highlight items that influence the self-care of home-dwelling elderly people. The first step was quantitative research and statistical analyses have been made to find the most significant items. The results of quantitative analysis were used to determine the appropriate sample.

The majority of the elderly subjects (Table 1) were women (n = 222).The biggest age group was that of 75–80 years (n = 180). Most of the elderly persons were widows (n = 170), and most of them lived alone (n = 95) in houses (n = 195), or flats (n = 82). The majority of these elderly had only completed primary or junior secondary school education or less (n = 118), some of the elderly people (n = 38) had post-secondary education.

The functional capacity of home-dwelling elderly people

The findings of this study are consistent with earlier findings by Backman, Hentinen (1999). This research of home–dwelling eld erly people living in Slovenia has showed that functional capacity, life satisfaction and self-esteem are related to the self-care behavior styles of home-dwelling elderly people. It has shown that self-care is combined with functional capacity, stimulated ageing and accepting of the future. The elderly people in Slovenia must have good functional capacity in order to stay living at home. Sum variables were formed for functional capacity categories.

Table 1. *Background information of included participants.*

Razpr. 1. *Osnovni podatki v raziskavo vključenih udeležencev.*

Background	Age in years						Total	
	75–80		81–90		over 90			
	n	%	n	%	n	%	n	%
Sex								
Male	46	26	29	27	5	39	80	26
Female	134	74	80	73	8	61	222	74
Marital status								
married/cohabiting	77	44	28	26	2	14	107	36
unmarried	7	4	8	7	3	21	18	6
widowed	90	50	71	66	9	64	170	56
divorced	6	3	1	1	0	0	7	2
Education								
circulating school or less	35	20	21	19	5	37	61	20
primary or junior secondary school	69	38	46	43	3	21	118	39
vocational school	42	23	17	16	3	21	62	20
matriculation examination	13	7	10	9	0	0	23	8
post-secondary education	21	12	14	13	3	21	38	13
Main work experiences								
housekeeping	103	57	55	52	6	46	164	54
farming	22	12	14	13	0	0	36	12
work outside home	57	31	37	35	7	54	101	34
Way of living								
alone	55	30	33	31	7	50	95	31
with a spouse/partner	62	34	29	27	1	7	92	31
with a spouse/partner and a child	24	14	5	5	1	7	30	10
with a child	29	16	26	24	5	36	60	20
with (an)other relative(s)	8	4	13	12	0	0	21	7
with a friend	3	2	1	1	0	0	4	1
Dwelling								
house	110	62	77	70	8	57	195	65
apartment building	52	29	25	23	5	34	82	27
row house	13	7	5	5	1	7	19	6
assisted-living unit	4	2	2	2	0	0	6	2
Place of residence								
built-up area	91	51	56	51	7	50	154	51
rural area	88	49	53	49	7	50	148	49

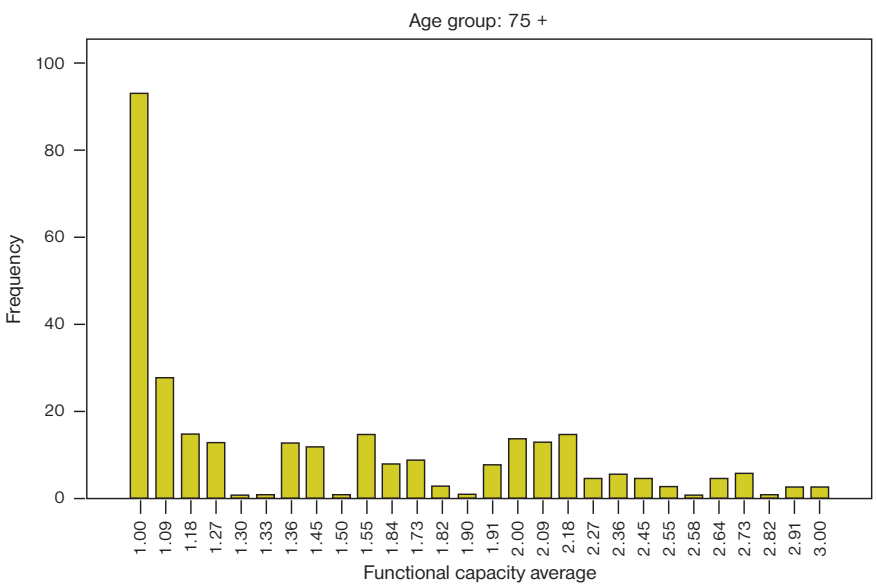

Figure 1. *Distribution of functional capacity average values (N = 302).*

Sl. 1. *Porazdelitev povprečnih funkcionalnih zmogljivosti (N = 302).*

Figure 1 illustrates the unconfirmed rule that each elderly person in Slovenia should be in good physical condition if they want to stay at home.

Most of the elderly people were in perfect physical condition (by sum variables: 70 % below 1.73; on scale from 1 to 3, 1 being the best). For this reason it was impossible to separate them into 3 equal categories. The histogram chart below shows a lack of normal distribution of functional capacity variable. The value that is significant for normal distribution is skewness (0.848). Although by some references the skewness should be between {–1, …, 1}, which would be good in our case, but the skewness should also lie below twice the standard error (in our case 0.280). The histogram charshows the unsymmetrical distribution (Figure 1).

Table 2. shows a detailed classification of the elderly people according to different predominant self-care behavior styles and other self-care behavior style combinations. The classification was done according to the quantitative survey study. All statements were analyzed and calculated. The individual self-care behavior styles were varied. There were many elderly people who were representatives of self-care behavior combinations. In some cases the elderly people had not shown clear self-care behavior style.

Most of the elderly people (n = 158) were representatives of the formally guided self-care behavior style and other self-care behavior style combinations. Responsible self-care behavior style and other self-care behavior style combinations were represented by (N = 78) elderly people, independent self-care behavior style and other self-care behavior style combinations were

Table 2. *Classification of elderly people according to the different combinations of self-care behavior styles (N = 302).*

Razpr. 2. *Razvrstitev starostnikov na podlagi različnih kombinacij vedenjskih stilov samooskrbe (N = 302).*

Predominant self-care behavior style / other self-care behavior style	Number of elderly people
Responsible	68
responsible/abandoned	8
responsible/abandoned/independent	1
responsible/formally guided/independent/abandoned	1
Total	78
Formally guided	100
formally guided/independent	42
formally guided/responsible/independent/abandoned	12
formally guided/independent/abandoned	3
formally guided/abandoned	1
Total	158
Independent	18
independent/formally guided/abandoned	11
independent/responsible/formally guided	8
independent/formally guided	4
independent/abandoned	2
Total	43
Abandoned	20
abandoned/independent	1
abandoned/formally guided	1
abandoned/formally guided/independent	1
Total	23
Total	302

a Age group = 75

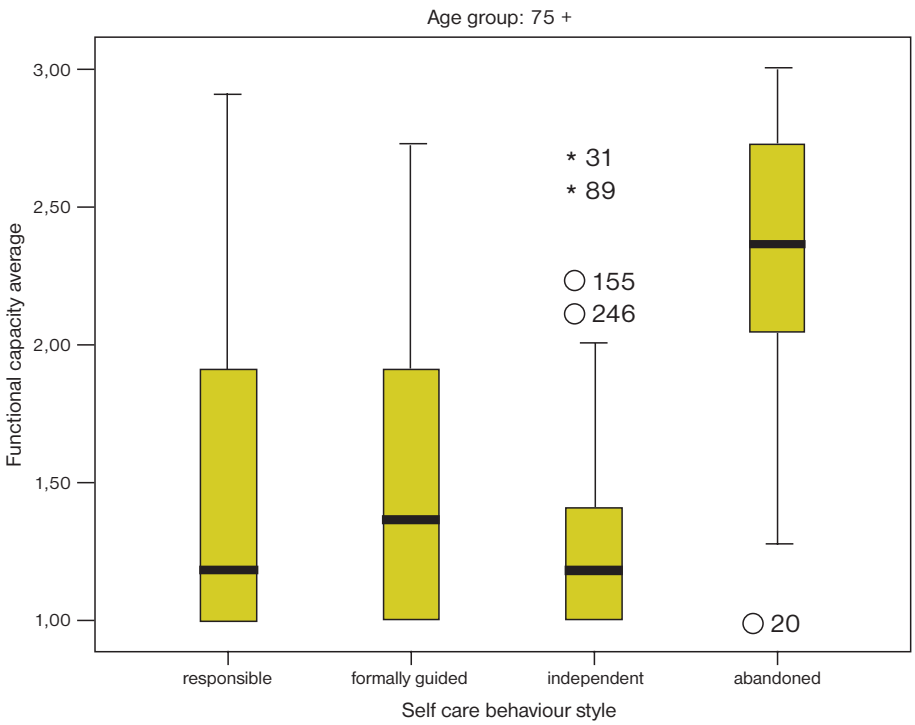

Figure 2. *Functional capacity and self-care behavior styles (1 being the highest grade) (N = 302).*

Sl. 2. *Funkcionalne zmogljivosti in vedenjski stili samooskrbe (1 najvišja stopnja) (N = 302).*

represented by (n = 43) and (n = 23) elderly people were representatives of the abandoned and other self-care behavior style combination.

The results show that almost all those whose self-care behavior style was responsible, formally guided or independent, could manage daily activities mainly without help (responsible and independent being the best). Elderly people with the abandoned behavior style could mostly not manage the daily activities alone (Figure 2).

Reliability of the study

The internal consistency of the scales and reliability of the instrument concerning the factors associated with the self-care of home-dwelling elderly people was measured using Cronbach's alpha values (Nunnally, Bernstein, 1994). These values varied from 0.6 to 0.95 (self-care 0,75, self-care orientation 0,60, self-esteem 0,75, life satisfaction 0,84, functional capacity 0,95). Based on the coefficients, all instruments except instrument measuring self-care orientation had good internal consistency ($\alpha > 0.70$). The scale measuring self-care orientation was at α value of 0.60 just below the desired threshold, which may be due to the questions regarding old age and future perspectives.

Discussion

Self-care has been studied in nursing sciences (Teel, Leenerts, 2005), testing and applying (Orem, 1991), medicine, sociology, (Billek-Sawbney, Reicherter, 2004; Hainsworth, 2005) and physiology (Grindley, Zizzi, 2005). In nursing sciences, self-care theory in practice is a very topical research area (Whetstone, Reid, 1991; Söderhamn, 2001; Sonninen, 1997; Teel, Leenerts, 2005; Lauder, 2001; Parissopoulos, Kotzabassaki, 2004; Kääriäinen, Kyngäs, 2005; Železnik, 2007). Different patient groups and models of self-care associated with different types of treatment have also been studied (Dellasega, 1990; Lukkarinen, Hentinen, 1997; Aberg et al., 2004; Železnik, 2007). The research area concerning the self-care of elderly people seems to involve evaluating programs which aim to promote the self-care of the elderly subjects (Moore, 1990; Esposito, 1995; Blair, 1999). In medicine, the main topics of interest regarding the self-care of elderly people are the treatment methods and models of self-care associated with illness (Cartwright, 1990).

Research of home–dwelling elderly people living in Slovenia concluded that functional capacity is related to the self-care behavior styles of home-dwelling elderly people. The results show that elderly people with responsible self-care behavior style, formally guided self-care behavior style or independent self-care behavior styles managed daily activities mainly without help, were highly satisfied with life and had high self-esteem. Elderly people with abandoned self-care behavior style could not manage daily activities alone, were reported as having low life satisfaction and low self-esteem. As noted by Železnik (2007), Slovene elderly population show perfect fit to the previously conducted study. Backman, Hentinen (2001) and Pieper, Vaarama, Fozard (2002), found that experiences of health and ageing show positive attitudes regarding elderly people's physical condition and positive attitudes towards self-care. Also, some additional studies brought functional capacity, life satisfaction and self-esteem in association with self-care (Zasuszniewski, 1996; Rabiner et al., 1997; Baltes, Baltes, 1990). Some authors (Nicholas, 1993; Hillerås et al., 2001; Zasuszniewski, 1996), refer to self-care in a manner of good health and suggest that health status has an important impact on life satisfaction and self-esteem According to Borg, Hallberg, Blomqvist (2006), elderly people who are not able to manage daily life by themselves may have a different view of life satisfaction than those with preserved self-care capacity.

Elderly people in Slovenia mainly live in their own houses. Also, a large majority of the elderly people were widowed. Since the majority of elderly people included in this research were women, housekeeping is the main work experience. A large number of women were involved in farming. Most elderly people have, at the age of 75 or more, already lost their husband or wife, the majority of them live alone, some with their relatives, mostly children. The results of this study show that self-care behavior styles are connected with the personal experiences gained in their personal histories and the view of the future of each old woman or man.

Many studies (Backman, Hentinen, 2001; Zasuszniewski, 1996; Rabiner et al., 1997; Baltes, Baltes, 1990) have been made concerning or touching on the self-care of elderly people. Most of them are quantitative, having two or more factors, such as self-care and functional capacity, measured and compared. Self-care has also been studied quite briefly in regard to health habits (Nicholas, 1993). Several factors contribute to life satisfaction in elderly people and the composition of factors as well as their relative weight may change when the elderly person's life conditions change Hillerås et al., (2001); Baltes, Baltes, (1990); McCamish-Svensson et al., (1999); McAuley et al., (2000). In general, it can be said that advancing age and declining functional capacity are likely to affect self-care at some point of the life span (Norburn et al., 1995; Greiner, Snowdon, Greiner, 1996). Knowledge concerning the self-care of the elderly people may over time become quite fragmentary and also inconsistent.

Functional capacity includes three dimensions: can/does/want. The independent persons may quite possibly wish to carry out their daily activities by themselves. Although they did not have the full capacity to manage, they succeeded in managing their daily life activities.

The abandoned elderly people did not manage their daily activities without any assistance from others. This may be because they did not have enough capacity or willingness to operate independently.

Conclusion

The results of this study show that the majority of home-dwelling elderly people are active, and according to their own opinion, in good health and capable to look after themselves and others. We have concluded that the self-care of home dwelling elderly people is part of their whole life. The functional capacity of the elderly people is also related to self care. According to the earlier studies, the relationship may be two-way: functional capacity has an effect on self-care and vice versa. In nursing, it is important to observe the life of an elderly people as a whole, so that their self-care behaviour style could be undrestood and their capacities empowered. Literature overview showed no other research on self-care for home–dwelling elderly people in Slovenia and, therefore this research is the first one to be done in Slovenia. The study is contributing new knowledge of the self-care of home–dwelling elderly people living in Slovenia. The results of the study can be used in planning care for elderly people. This research is expected to bring more knowledge to elderly people in the future,, which will also improve their position as great knowledge of elderly people will result in high levels of self-care. In planning public care for the elderly it is essential to prepare the current middle-aged for their own old age, otherwise the welfare problem of the elderly people will escalate. With the elderly people increasingly demanding the state to be more open towards new developments of the current formal forms of help, an organized approach to the development of the new forms is also encouraged. It is advised that services should be based on an elderly people orientation.

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