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APPLICABILITY OF AMERICAN WELLNESS RESEARCH METHODS IN CASE OF CENTRAL-EUROPEAN COUNTRIES

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Abstract

The last two decades experienced an explosive development in health tourism in Hungary, which also implied the rapid transformation of the offers of the wellness services. After the overview of the theoretical and conceptual background of the health tourism and wellness we conducted a questionnaire survey based on Ardell's model, which showed significant differences between the different generations, particularly in case of Generation Y. This result induced us to pay special attention to the young. Several American researches investigated the health conscious lifestyle of the youth along the wellness philosophy. Based on these we established our models aligning to the Central European peculiarities then we conducted questionnaire surveys at college institutions of some Central European countries. In our work we present the results of the research, that is the general well-being feeling of the young along the holistic wellness philosophy. The practical applicability of the research lies in that it provides a guideline for the examined age group with regard to what areas of the wellness lifestyle have any deficiencies and where does one need to change in the lifestyle for a healthier life. This leads to a kind of balance which provides the fulfilment of the 'body-soul-spirit holistic model' in the individual's professional and private life.

Keywords: wellness, holistic model, Generation Y

1. INTRODUCTION

In the 21th century, life expectancy at birth significantly increased in the European countries. Nowadays, the question is whether longer life in individual countries is spent in good health or with diseases. (EHLEIS, 2013; KSH, 2015)

Health depends on many factors. There are some that we have no influence on (e.g. genetics), but there are many factors that depend on the individual's decisions. The Central Statistical Office (KSH, 2015) researchers came to the conclusion that health depends not only on the economic wealth and high standard of health care, but also on the lifestyle, or even the appearance of health, as the value of social consciousness of the country.

With the rising discretionary income and increased leisure time for people can pay more and more attention to health preservation. Within tourism the health tourism is gaining bigger ground and within it wellness tourism. However, in our earlier researches (Printz-Markó et al., 2014) we identified that wellness is more likely to appear as wellness patchwork (whether it is a bathing tourism or a set of wellness hotel's programs) than a true philosophy of life.

In the USA, major programs run for the high school students so they can get acquainted with the wellness philosophy in high school. Participants in the program are evaluated both before and after the program (Stewart, et al., 2000). This type of education is increasingly needed as a result of changed lifestyles worldwide obesity has more than doubled since 1980, and in 2014, 11% of men and 15% of women aged 18 years and older were obese. (WHO, 2014)

Table 1

Life expectancy at birth and healthy life years at birth and at age 65 in some European countries

Country	Life expectancy at birth (1990)	Life expectancy at birth (2015)	Healthy life years at birth and at the age of 65			
			females		males	
			at birth	at the age of 65	at birth	at the age of 65
Austria	76	82	58,1	7,7	57,9	7,9
Belgium	76	81	64,0	11,0	64,4	11,2
Croatia	72	77	56,8	4,5	55,3	4,7
Czech Republic	71	79	63,7	8,6	62,4	8,0
Denmark	75	81	57,6	11,9	60,4	11,0
France	77	83	64,6	10,7	62,6	9,8
Germany	75	81	67,5	12,3	65,3	11,4
Hungary	69	76	60,1	5,9	58,2	5,9
Italy	77	83	62,7	7,5	62,6	7,8
Romania	70	75	59,4	5,7	59	6,3

Slovak Republic	71	77	55,1	3,8	54,8	4,1
Spain	77	83	64,1	8,9	63,9	9,5
UK	76	82	63,3	10,4	63,7	10,2

Source: Own editing based on The World Bank, 2017;EUROSTAT, 2017

In order to increase the number of years spent in a healthy way or to make significant progress in the quality of life, you need to start a healthy lifestyle 'education' at a young age.

In our research, we examine the attitudes of university students related to wellness philosophy through the adaptation of a wellness questionnaire designed for American research and lifestyle counselling. Our current study presents the results of focus group interviews. We focused on four focus groups. Our questionnaire will be developed based on this data source. Opinions and additions of the focus group discussion have a great impact on our research. It will also enable to adapt the interpretation of the wellness dimensions based on American culture for European youth. During the focus group discussions, we could not only collect general information about holistic wellness, but thanks to brain-storming, newer approaches could surface, as well as a better understanding of the needs and attitudes of the target group surveyed could be gained.

2. DETERMINATIVE WELLNESS MODELS, HISTORICAL OVERVIEW OF WELLNESS

The definition of wellness is just over fifty years old. The word wellness comes from the United States, the word 'well being' was combined with 'wholeness' by Dunn (1961), a US doctor. Dunn (1961) developed the 'high-level wellness' concept, which means a high standard of healthy lifestyle. He believes wellness is a conscious health preservation, a balanced and active lifestyle. He has already highlighted the holistic nature of wellness, which is the sum of the human body, soul, and mind (Figure 1), and the environmental factor already appears here.

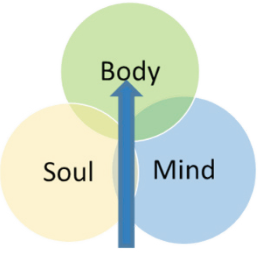

Figure 1 Wellness model of Dunn

Source: Own editing based on Dunn, 1961, p.28.

Among the wellness interpretations, beyond the Dunn's (1961) wellness model, the Travis (1972), the Ardell (1977), the Hettler (1980) the Haug (1991), the Müller and Lanz Kaufmann (2000), the Horx (2000), the Nahrstedt (2004) and the Lee's (2004) wellness models are definitive.

The establishment of the world's first wellness center, the Mill Valley Wellness Relaxation Center in the early 1970s (Berg, 2008) and the development of the illness-health continuum model in 1972, and in 2004 the development of 12 elements of the wellness wheel is related to Travis. Travis puts the emphasis on the individual's responsibility and developed a 8 months programme to assist in the acquisition of the wellness philosophy (Árpási, 2014).

Ardell, the 'wellness guru' is related to the wellness newsletter launched in 1984, the Ardell Wellness Report, the establishment of the www.seekwellness.com website and the foundation of a wellness center (Berg, 2008). In his first model of 1977 the individual responsibility was in the centre, then the norms and rules of society were emphasized. Hettler, in 1975, established the American National Wellness Institute, of which he became the president. He is related to the Testwell wellness self-assessment questionnaire which he developed under the health preservation program launched for university students in 1979. It defined the 6 dimensions of wellness.

The first European wellness model is related to Haug's name. Müller and Lanz Kaufmann expands Ardell's model with the concept of mental wellness. The novelty of Nahrstedt's wellness model is the insertion of the health interpretation of the Oriental cultures and their related methods and the emphasis of the social connections and the environmental sensitivity.

Basically each of the models above builds on the individual responsibility.

Lee (2004) constructs the European health and wellness model on the four primal elements such way that they are connected to the therapy procedures and services. In his system the balance among the individual elements is created by the Kneipp-cure.

In his concept and definition, Illing, like Ardell in his endeavour for completeness, set up a wellness model based on five pillars, however, he defines the wellness from the aspect of health tourism. According to Illing (2002) 'the wellness is the complete endeavour to the bodily, spiritual and psychic well being using vitalizing and means/programmes which are utilized at the special health centers.' (Illing, 2002) Illing defines 3 grades of the wellness:

1st Grade Wellness: Joy without the considering the consequences on the body and soul.

2nd Grade Wellness: The state of well being is tried to be achieved actively (training, consciousness), while considering the consequences.

3rd Grade Wellness: Sustained change in the behaviour with the objective of permanent achievement of the sustained well being for the body and soul. (Laczkó, 2009)

2.1. The Six Wellness Dimensions of Hettler

In our earlier research (Printz-Markó et al., 2014) we examined the Hungarians' attitude related to the wellness tourism and wellness philosophy based on the Ardell's model and we found in the case of generational investigations that besides the X, the Y Generation is also definitive on the market of the wellness tourism. In order for the providers to be able to establish a suitable supply for them, it is important to know exactly their lifestyle, thinking, dietary habits and their relation to the healthy lifestyle. According to our expectations, a future implication of the research may be a life guidance for the European youth, which, embedded into their studies, may assist them to get an insight into the complexity of the healthy lifestyle.

For this research we started with Hettler's six dimensions model and the questionnaire survey developed for it, which is based on the following factors (Figure 2):

- Physical Dimension - Regular physical activity, proper diet, avoidance of harmful habits
- Spiritual Dimension - To live along our values and beliefs,
- Intellectual Dimension - To identify the potential problems and to act accordingly,
- Social Dimension - To live in harmony with others and our environment,
- Emotional Dimension - To have an optimistic approach to life,
- Occupational Dimension - To find enjoyment in one's occupation (Árpási, 2014:39).

Social dimension encourages the contribution to our environment and community. It highlights the interdependence of others and nature.

Occupational dimension recognizes personal satisfaction and enrichment in the life through work. The central point of occupational wellness is that occupational development is related to our attitude about our work.

Spiritual dimension highlights our search for the meaning and purpose in the human life. It includes the development of a deep appreciation for the depth and expanse of life and forces of nature existing in the universe.

Physical dimension recognizes the need for regular physical activity. Physical development encourages learning about diet and nutrition while discouraging the use of tobacco, drugs and excessive alcohol consumption.

Intellectual dimension focuses on our creative, stimulating mental activities. A person being well expands their knowledge and skills while discovering the potential for sharing their gifts with others.

Emotional dimension recognizes awareness and acceptance of our feelings. Emotional wellness includes the degree to which one feels positive and enthusiastic about oneself and life. (http://www.testwell.org/index.php?id=1696&id_tier=3430)

Figure 2 Wellness model of Hettler

Source: http://www.nationalwellness.org/?page=Six_Dimensions

3. METHODOLOGY MODEL AND DATA

The primary method of the present research was four focus group discussions. This data source will serve as the basis for our questionnaire. Opinions and additions told during the focus group discussion have a great impact on our research. This will enable to adapt the interpretation of the wellness dimensions based on American culture to European youth. During the focus group discussions, we could not only collect general information in the field of holistic wellness, but due to brain-storming, newer and newer approaches surfaced, and a better understanding of the needs and attitudes of the target group surveyed could be gained as well.

Four focus group discussions were conducted between 10th of March and 10th of April, 2017. All our focus group discussions were aimed at students attending European institutes of higher educations. Three interviews were made at the campus of Széchenyi István University, Győr. Each was conducted within a respective seminar course. The fourth location was an Austrian café in Parndorf. All of the locations enabled the free expression of opinion for the participants in relaxed conditions.

The first focus group discussion in Győr took place at 10th of March, 2017. At the discussion, 6 (5 females and 1 male) students at the age of 22, living in Győr-Moson-Sopron county were present. At the second interview (14.03.2017) 12 (8 females and 4 males) persons were present. In this group with an average age of 20 the joking and use of slang was characteristic. On the third occassion (10.04.2017) the average age of the group of 10 (4 females and 6 males) was 21 years. This group had a prominent number ones doing active, competitive sport. In the second and third group there were students not only from

Győr-Moson-Sopron county but from the counties Vas, Zala, Baranya, Fejér, Borsod-Abaúj-Zemplén and Békés. At the Austrian location the focus group consisted of 3 females (10.04.2017) Their average age was 19. In their cases their residence and location of studies were the same. Thus one of them was an Austrian citizen studying in Wien and two were Slovakians living and studying in Bratislava. They were contacted using our earlier personal relationship. Due to this the participants of this group also enjoyed the joint work.

In our research we used a self-administered questionnaire completed by 360 students attending different European universities. The questionnaires were shared partly online in university groups, they were completed partly by foreign students studying in Hungary and partly by personal interviews conducted on our foreign study trips.

The questionnaire contained questions on general knowledge of the wellness concept and ones related to bathing tourism and a 5-degree Likert scale questions related to 62 wellness attitudes. The questions were created based partly on the TWI (HS) US questionnaire (Stewart et al., 2000) and partly on the focus group interviews. Questions on attitudes were divided into 8 subgroups, which were as follows: 1. physical activity, 2. nutrition, 3. healthcare and safety, 4. environmental wellness, 5. emotional awareness and sexuality, 6. intellectual wellness, 7. occupational and 8. social wellness -values and beliefs. In addition to questions about the wellness we also asked demographic questions.

The aim of this study was to analyze the reliability of our questionnaire and to find out whether the attitudes of European students to the wellness lifestyle show a significant difference on a territorial basis.

To establish the questionnaire survey we examined the applicability of the American questions during a focus group discussion. With the students we examined each topic and also that which actual questions are related to the underlying field and which ones from the American research can be interpreted by the European youth.

3.1. The first step of our personal data collection, the focus group research

About the interviews it can be told that the atmosphere was relaxed, the discussion was pleasant since the students have known each other. Due to this they openly expressed their opinions. The participants were patiently listening to each other. A mutual agreement could be observed. Difference was observed only in a few occassions. This division on one hand was gender-based, on the other hand it could be related to the sport intensity of the individuals. This was most apparent between the competitive athletes and the students preferring passive recharging. However, this did not cause tension, rather had a constructive effect on the research work.

The students involved into the focus group interview got into a new situation due to this research method. Overall it can be told that the participants

handled this new kind of situation excellently. There were no debates within the group during the opinion formation. During all four interviews there were dominant and reserved participants. It is important to highlight that though the more reserved group members had fewer additions, their notices, additions had a great impact on the whole group. As the interview was drawing to the end the respondents became more and more open, creative and brave.

The guideline of the interviews were in all cases determined by the main research question, the wellness and the need for the interpretation of wellness dimensions. In our research we considered the Hettler's model (http://www.nationalwellness.org/?page=Six_Dimensions) to be a basis.

The lead questions posed during the focus group discussions:

- What heading comes to your mind upon hearing the expression wellness?
- What do you mean by physical activity in the field of the wellness?
- What do you mean by nutrition in the field of the wellness?
- What do you mean by health preservation and safety in the field of the wellness?
- What do you mean by environmental wellness in the field of the wellness?
- What do you mean by social awareness in the field of the wellness?
- What do you mean by emotional awareness and sexuality in the field of the wellness?
- What do you mean by emotional management in the field of the wellness?
- What do you mean by intellectual wellness in the field of the wellness?
- What do you mean by occupational wellness in the field of the wellness?
- What do you spirituality and values in the field of the wellness?

The focus group examinations were conducted using note-based analysis. We highlighted the keywords occurring most frequently and the next phase of our research method, the questions of the questionnaire survey were adjusted to them.

Below we highlight the examination group members' most frequently mentioned keywords which contributed to achieve our research goal, that is the discovery of the body-mind-soul based wellness dimensions for the students of European higher education institutions. Furthermore we marked those areas which the focus groups were least able to interpret as wellness dimensions.

Upon hearing the term wellness, most students associated to passive relaxation and massage. Only one of them mentioned it as a lifestyle. The **Physical Activity** was the first of the wellness dimensions to be discussed. In this regard the keywords were the sport and swimming. We consider important

to mention that one person highlighted the commuting to workplace on foot, by bicycle or roller, one other mentioned the company.

In the case of the second wellness dimension, the **Nutrition** it was predictable that the healthy diet would be mentioned most frequently. The students highlighted the diversity and regularity. The first association of one person, which we appreciated, was the consumption of the water. One of the participants supplemented the topic with his experiences of his travel to Korea. He told the group members that the Koreans consider their food, the Hansik, a great source of energy. This energy boosts their body, mind and soul simultaneously. (Korea Tourism Organization Offices, 2012)

The third wellness dimension focused on the **Health Preservation and Safety**. This was the first wellness dimension which was the most difficult to identify with by the respondents. In the first place the nutrition and exercising was mentioned in relation with the topic. After these keywords, the screening test was mentioned by a female participant, then the seat belt by a male. The international students regarded this dimension with a slightly more complexity. They emphasized the spiritual health and the love and acceptance of ourselves.

The **Environmental Wellness** as the fourth wellness dimension was a bit puzzling for the Hungarian students. Only a few keywords were mentioned such as eco-tourism, eco hotel and open air exercising. The Austrian student associated the environmental awareness and air pollution to the topic.

The fifth wellness dimension is the **Social Awareness**. This sub-area was contributed by the female members of the groups. They added expressions like solidarity, helpfulness and volunteering. The international students mentioned the volunteering all at once.

The **Emotional Awareness and Sexuality** as the sixth wellness dimension was contributed to by the male group members first. They highlighted the use of contraceptive and the cheating. The women were the next to speak. They mentioned most frequently the birth control and the permanent partner.

The most frequent association to the seventh wellness dimension, the **Emotional Management**, was the self control, this was followed by empathy, sport and music as a means for drain tension, and the relaxation techniques.

To the next, eighth wellness dimension, the **Intellectual Wellness**, the students associated the lifelong learning and reading. In one or other occassions the scholarship and going to library was mentioned.

In the area of the **Occupational Wellness** as the ninth wellness dimension the students emphasized that it is important to do a job which we like to do. This was followed by the good working atmosphere, teamwork and proper information flow.

To the tenth wellness dimension, the **Spirituality and Values** the group members connected the belief, meditation, positive thinking and acceptance.

3.2. The second step of our personal data collection, the questionnaire and its results

Students from 18 countries have participated in the study, 208 Hungarian and 151 foreign students, in one case no nationality was given. As students of different nationalities completed our questionnaire in different proportions, country groups were created in the analysis. The Hungarian students were studied separately, and a Western European and a Central Eastern European group was also created.

The average age of respondents was 23,06 years (+/- 5,278). The sample consisted of 76,1% women and 23,9% men. The distribution of respondents according to settlement by size: 97% lives in the capital, 18,6% in county seat, 46,4% in town, 25,3% in village. 60,3% of students wrote that they had their own income. The financial situation was characterized by 37,2% of the respondents so that they could earn a good living and they could save money, 36,7% of respondents can earn a good living, but cannot save any money, 10,8% of respondents have a hard time to earn a living and 15,3% of them cannot cover their expenditures out of their monthly income.

For the scales, in the first place total scores were calculated which were examined along the individual wellness dimensions (Chart 2) and on a territorial basis (Chart 3). The total score of the scales was obtained by adding the scores for the answers to each question. The minimum score was 62 and the maximum was 310. A higher score meant, of course, a more positive attitude towards the wellness lifestyle. To determine reliability, internal consistency was investigated by determining the Cronbach alpha value. The Cronbach alpha values for the 62 questions were 0,924 (N=342), which indicates a high reliability. The internal structural stability of the Likert scale of the questionnaire is shown by the fact that the removal of individual questions does not have any significant impact upon the value of reliability (Appendix 1).

Based on these results we came to the conclusion that the attitude of the students about the wellness lifestyle was measured by the scale with a high reliability.

Table 2

The average of the total points of the questionnaire along the different wellness dimensions

	n	Number of questions per dimension (minimum score)	Maximum score	Mean	SD
Physical Fitness	358	6	30	19,223	5,201
Nutrition	358	11	55	35,050	7,113
Self-care and safety	358	6	30	18,067	3,1845
Environmental wellness	358	7	35	24,952	5,9616
Emotional Awareness and sexuality	357	9	45	34,602	5,2818
Intellectual wellness	356	7	35	26,651	4,4667
Occupational wellness	356	5	25	18,814	3,8116
Social wellness, spirituality and values	358	11	55	38,466	7,2070
Whole questionnaire	356	62	310	218,583	30,954

Source: Own edition based on own research

From Figure 3, it can be stated that students in general need the most development in terms of physical activity, nutrition, healthcare and safety, while according to their responses the highest scores were achieved in the emotional and sexual, intellectual, and occupational wellness areas.

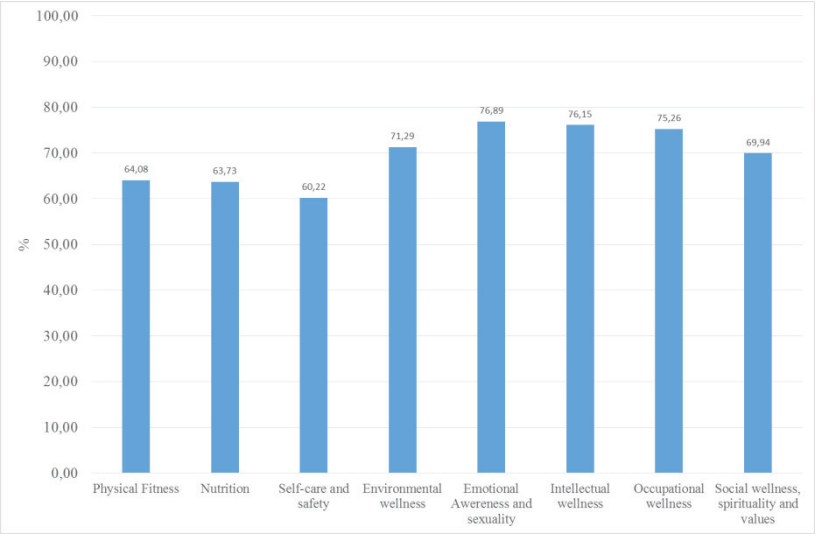

Figure 3 The scores achieved by students in each wellness dimension compared to the maximum score in percent

Source: Own edition based on own research

Hereinafter, the data were examined also on a territorial basis.

Figure 4 clearly shows that there is a difference between students in the different wellness dimensions on a territorial basis. We investigated with ANOVA that, regarding the total scores for the entire questionnaire and the individual wellness dimensions, whether there is a significant relationship between the attitudes towards wellness lifestyles and the fact that a student is from Hungary, Western Europe or Central and Eastern Europe.

As a hypothesis, we assumed that there is a difference between the attitudes of students towards wellness lifestyles on a territorial basis.

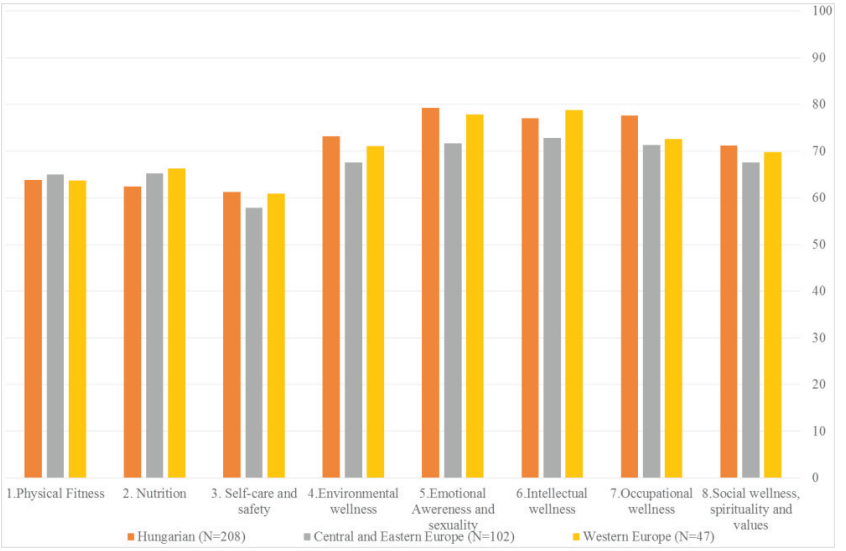

Figure 4 Regional breakdown of the difference of average score of the individual wellness dimensions compared to the maximum score in percent

Source: Own edition based on own research

Based on the analysis made we can conclude that the origin of the students (the part of Europe they are from) does have a role in the students' attitudes towards wellness. (Whole questionnaire F= 4,518; p= 0,012). (Chart 4) Chart 4 also shows that not only the total score, but also the five out of the eight wellness dimensions have a significant correlation based on territory.

We have also investigated other factors, such as the gender of students, the type of their settlements, their financial situation, but only few of the wellness dimensions have been shown to correlate.

Between sex and dimension of self-care and safety (F=5,87 p=0,016) and social wellness, spirituality and values (F=6,219 p=0,013).

Between type of residence and dimension of self-care and safety (F=5,870 p=0,016), social wellness, spirituality and values (F=6,219 p=0,013).

Between financial situation and whole questionnaire (F=3,625 p=0,013) and dimension of self-care and safety (F=2,978 p=0,032), spirituality and values (F=3,499 p=0,016) and Occupational wellness (F=6,147 p=0,000), social wellness, spirituality and values (F=3,499 p=0,016).

Table 4

Results of ANOVA between the attitudes of students towards wellness lifestyles on a territorial basis.

	F	Sig.
Whole questionnaire	4,518	0,012
Physical Fitness	0,182	0,834
Nutrition	2,780	0,063
Self-care and safety	3,555	0,030
Environmental wellness	3,800	0,023
Emotional Awareness and sexuality	15,475	0,000
Intellectual wellness	5,105	0,007
Occupational wellness	6,707	0,001
Social wellness, spirituality and values	2,675	0,070

Source: Own edition based on own research

Based on the sample, generalizations should not be done given that it was not representative, but the continuation of the research, with a larger number of respondents from other countries and with refined regional distribution, may likely outline the areas in which it is most necessary to develop students' knowledge, so that their attitudes towards the wellness lifestyle and thus their relationship to a healthy life can be improved.

We would like to expand our research to more European universities in the future, and we plan to probe our students attending healthy lifestyle seminars at the beginning and the end of the course.

CONCLUSIONS

In our research, first, based on literary sources, we studied the development of wellness concept and models, and based on the models and using earlier researches, we prepared a questionnaire of 62 questions for the examination of the wellness lifestyle for European students. The questionnaire's applicability and intelligibility was examined by focus group interviews. Updating our questionnaire with the results obtained here, we conducted our questionnaire survey with the participation of 360 students.

The results verified that the relationship to a healthy lifestyle was significantly determined by the part of the Europe the underlying student came from.

In most of the wellness dimensions there was a significant difference between Western European and Central and Eastern European students.

As the result of our research we formulated our questionnaire with the title of 'Body-Mind-Soul Test for Students of European Higher Education Institute Students' (BMS-Test for HEIS). The constituents of our questionnaire, the so-called 'BMS Roulette' is illustrated in Figure 5.As the result of our research we formulated our questionnaire with the title of 'Body-Mind-Soul Test for Students of European Higher Education Institute Students' (BMS-Test for HEIS). The constituents of our questionnaire, the so-called 'BMS Roulette' is illustrated in Figure 5.

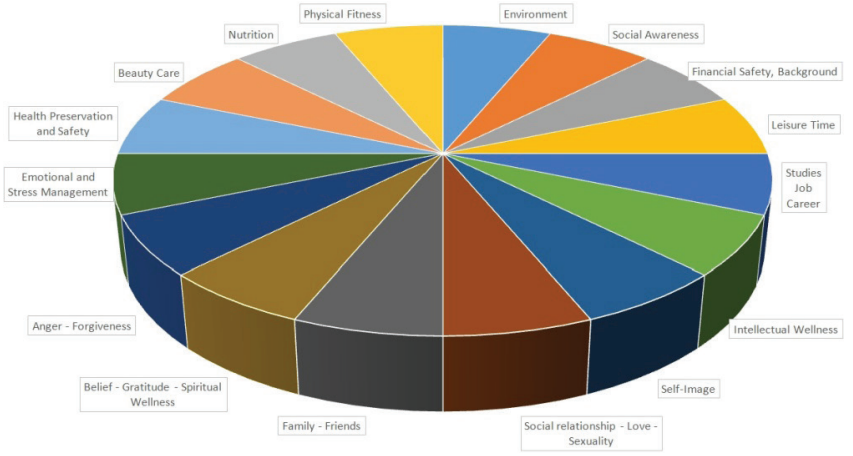

Figure 5 The BMS-Roulette

Own edition based on own research

For the definition of the individual elements of the BMS Roulette our sources of research had high importance. On one hand it is the wellness models described in the theoretical part, especially Hettler's (1980) approach. On the other hand it is the results of our focus group research. As a result of the evaluation of the interviews of the students the most frequently used keywords were incorporated into the BMS Roulette. The research questionnaire was compiled based on the above. We are confident since due to our complex view we came to the conclusion that our 'BMS Test' can fit to Maslow's Hierarchy of Needs (1943) as well, besides the wellness models described. We expect the expansion of our research to be a contribution to the embedding of wellness philosophy of life, through which the body-mind-soul balance, health and fulfilment can be realized.

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Appendix

The change of the Cronbach alpha coefficient value with a question removed

Question number	Alpha coefficient with the question removed	Question number	Alpha coefficient with the question removed	Question number	Alpha coefficient with the question removed
15_1	0,923	17_5	0,923	20_4	0,923
15_2	0,923	17_6	0,923	20_5	0,922
15_3	0,922	18_1	0,922	20_6	0,923
15_4	0,922	18_2	0,922	20_7	0,923
15_5	0,922	18_3	0,922	21_1	0,923
15_6	0,923	18_4	0,923	21_2	0,923
16_1	0,922	18_5	0,923	21_3	0,923
16_2	0,924	18_6	0,922	21_4	0,922
16_3	0,924	18_7	0,923	21_5	0,923
16_4	0,924	19_1	0,922	22_1	0,923
16_5	0,923	19_2	0,922	22_2	0,922
16_6	0,923	19_3	0,923	22_3	0,922
16_7	0,922	19_4	0,922	22_4	0,923
16_8	0,923	19_5	0,922	22_5	0,924
16_9	0,924	19_6	0,923	22_6	0,922
16_10	0,924	19_7	0,922	22_7	0,923
16_11	0,922	19_8	0,923	22_8	0,923
17_1	0,926	19_9	0,924	22_9	0,922
17_2	0,923	20_1	0,924	22_10	0,923
17_3	0,923	20_2	0,924	22_11	0,924
17_4	0,923	20_3	0,924		

Source: Own edition based on own research