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Daily living Activities among Institutionalized Older Adults with Chronic Immobility

Thesis

*Submitted for Fulfillment of Master Degree in
Community Health Nursing*

By

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B.S.C- Alex University 2011

**Faculty of Nursing
Ain Shams University
2022**



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List of abbreviations

<i>Abb.</i>	<i>Full term</i>
ADLs	Activities Of Daily Living.
CAPMAS	Central Agency For Public Mobilization And Statistics.
CDC	Centers For Disease Control And Prevention.
CLRD	Chronic Lower Respiratory Diseases.
COPD	Chronic Obstructive Pulmonary Disease.
DVT	Deep Vein Thrombosis.
EAT	Enviromental Assessment Tool.
EMS	Elderly Mobility Scale.
ESRD	End Stage Renal Disease.
IADL	Instrumental Activities Of Daily Living.
IGF	Insulin Growth Factor.
LTCFE	Long Term Care Facilities For The Elderly.
ROM	Range Of Motion.
SNSs	Social Networking Sites.
TSH	Thyroid Stimulating Hormone.
UTI	Urinary Tract Infection.
UV RAYS	Ultraviolet Rays.
WHO	World Health Organization.

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ABSTRACT

Immobility is a major cause of morbidity and mortality in older adults. **Aim of the Study:** To assess daily living activities among institutionalized older adults with chronic immobility. **Design:** Descriptive analytical or correlational study to achieve the aim of this study. **Setting:** The study was conducted at all (4) institutionalized health care centers affiliated to the ministry of social solidarity in Fayoum Governorate. **Subjects:** Convenience sample of 150 elderly was used in the study. **Tools;** two tools were used for data collection. **First tool;** interviewing structured questionnaires contained five parts; socio-demographic characteristics, medical history, older adults' knowledge, degree of mobility and BARTHEL INDEX for assessing activities of daily living for elderly. **Second tool:** Environmental observational assessment tool (EAT). **Results:** One third of older adults, their age ranged between 75 to 85 years old more than half of older adult had satisfactory knowledge regarding immobility where about less than half of them had unsatisfactory knowledge regarding immobility. Also, the present study results concluded that, more than three quarters of older adult had satisfactory knowledge regarding daily living activities where about one quarter of them had unsatisfactory knowledge regarding daily living activities. Also, the present study results concluded that, one third of older adults show independent level of mobility on the other hand one quarter of them had borderline independent level and less than half of them had dependent mobility degree. **Conclusion:** concluded there were statistically significant relation between socio demographic characteristic of older adults and degree of mobility. Also, there was significant relation between sociodemographic older adult and daily living activities. As well as, there were significant relation between degree of mobility of older adult and their daily living activities. **Recommendations:** Education program should be developed and implemented to raise health awareness among older adults with chronic immobility about their disease and how to improve daily living activities.

Key words: Daily living activities, institutionalization, older adults, chronic immobility, Safe environment.

Introduction

Ageing and disuse are the two main conditions leading to immobilization which occurs due to skeletal muscle atrophy in humans, in both conditions, muscle force decreases in ageing, slowing of movement occurs. Although a likely explanation for such impairment of muscle performance is loss of muscle mass, recent evidence suggests that a significant contribution might come from changes in the properties of muscle fibres. Maximum shortening velocity and specific force of muscle fibres from vastus lateralis muscle were found to be lower in elderly subjects than in young controls (*Ferreira et al., 2016*).

As people age, they become more dependent on others. Many elderly people need assistance in meeting daily needs as they age, and over time they may become dependent on caregivers such as family members, relatives, friends, health professionals, or employees of senior housing or nursing care older adults may struggle with feelings of guilt, shame, or depression because of their increased dependency, especially in societies where caring for the elderly is viewed as a burden (*Michelle, et al., 2018*).