

بسم الله الرحمن الرحيم





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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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Health Needs and Problems of Bedridden Older Adults in Geriatric Homes

Thesis

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

By

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(B.Sc. In Nursing 2005)

**Faculty of Nursing
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2021**

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List of Abbreviations

Abb.	Meaning
ADLs	: Activities of Daily Living
BOA	: Bedridden Older Adults
Bp	: Blood pressure
CAPMAS	: Central Agency for Public Mobilization and Statistics
CHN	: Community Health Nurse
GH	: Geriatric Homes
GHOC	: Geriatric Home Observational Checklist
HN	: Health Needs
HP	: Health Problems
OA	: Older Adult
ROM	: Range Of Motion
Temp	: Temperature
UN	: United Nations
WHO	: World Health Organization

Health Needs and Problems of Bedridden Older Adults in Geriatric Homes

By

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Bedridden is a form of immobility that can present as the inability to move or even sit upright. Caring for bedridden older adults can be difficult and requires a great deal of patience and understanding. **Aim:** The aim of this study was to assess the health needs and problems of bedridden older adults in geriatric homes. **Design:** Descriptive design was used to conduct this study. **Setting:** The study was conducted in geriatric homes in East Cairo, which includes the high rate of bedridden older adults in Dar Fouad Habib, Dar Al Marwa, and Dar Saidat Misr. **Sample:** A convenience sample of 144 bedridden older adults from the previously mentioned settings. **Tools:** Two tools were used for data collection. The first tool was divided into four parts, a structured interviewing questionnaire to assess socio-demographic characteristics of bedridden older adults; a physical health status assessment, health needs assessment of bedridden older adults, and a health problems assessment of bedridden older adults. The second tool was to assess geriatric home environment. **Results:** The study findings revealed that 70.8% of bedridden older adults were 70>80 years, with the mean± SD of age is 74.4±7.07, 58.3% of bedridden older adults were females, 67.4% of the study sample were widows, regarding educational level, 24.3% of bedridden older adults had a university education, and 39.6% of bedridden older adults had a previous job in the governmental sector. 67.0% of them had insufficient monthly income. **Conclusion:** There was a positive and highly significant correlation between the total score of health needs and problems and the health status of bedridden older adults. **Recommendations:** periodic physical examination for older adult to early detection of health problems and promote intervention. Continuous assessment of needs and problems for bedridden older adults.

Keywords: Bedridden Older Adults, Health Needs, Problems, and Geriatric Homes.

Introduction

The elderly is defined by the state census bureau as a person aging 60 years and older with three subcategories of elderly person's 60 to 65, 70 to 75, 75 to more. Aging results in reducing physiological reserve, which increases vulnerability to diseases and impairments. Older adult changes that occur in individuals include physiological, psychological, sociological changes and emotional changes (**Bannister et al., 2019**).

Statistics from the United Nations population indicate that more than 700 million people are over the age of 60 years. By 2050, they will number 2 billion, more than 20% of the world's population, 60 years or more. The increase in the number of elderly will be greater and faster in a number of countries in the developing world, and compared to Asia, which is described as the region with the largest number of elderly, Africa faces the largest proportionate growth (**United Nations, 2020**).

Ibrahim, (2016) stated that aging is one of the most serious social issues, not only in Egypt but in the world. A country's socioeconomic conditions must be taken into account when considering the issue of rapid aging. Elderly is a universal phenomenon with a varying degree of probability, individual survive childhood, grow to maturity, and become old and it is the closing period in the life span, that is a period when people move away from previous, more desirable

periods or times of usefulness and ignoring the future as much as possible. Age sixty is usually considered the dividing line between middle and old age. The many bedridden elderly needs assistance and care in a healthy, safe environment and face a broad range of medical, physical, psychological, social needs that require assistance and supervision depending on their needs.

A bedridden older adult stays in bed for short or long periods for various reasons, including chronic illnesses, old age, and disability. Bedridden older adults cannot perform self-care and medical care partially or completely and need the help of others. Bedridden is a major cause of morbidity and mortality in older adults **(Shilpa et al., 2018)**.

The causes of bedridden elderly may result from cardiovascular, respiratory, musculoskeletal, neurologic, gastrointestinal, metabolic, urinary, or skin problems. Bedridden older adults often suffers from several diseases which worsen their mobility. Arthritis, osteoporosis, hip fracture, stroke, and Parkinson's disease are among the most common causes of bedridden in old age **(Zhang et al., 2019)**.

The complications of bedridden, such as pressure injure contractures, pulmonary embolism, lung infections, muscular atrophy, urinary retention, urinary incontinence, constipation, fecal incontinence, muscular weakness, pneumonia, depression, and sensory deprivation **(Pellatt, 2014)**.

The management of bedridden elderly involves a thorough assessment leading to a list of problems and then treatment aimed at these problems. The therapy should be carried out by the multidisciplinary team and also, the prevention and management of bedridden elderly complications are generally easier than to treat or cure them. These complications can be substantially reduced by identifying risk factors and applying preventive measures, and using simple exercises and teaching the bedridden older adults or the caretaker (**Smith et al., 2017**).

Bedridden older adults, as any age group, have certain basic needs, such as physical, psychological, and emotional needs as well as the needs for love and belonging, self-esteem, and self-actualization. Their physical, emotional, and social needs are complex and interrelated. Physical needs for bedridden older adults start with the most basic of requirements, good nutrition, hydration, shelter, sleep, and treatment of illness and injury are fundamental to survival. (**Tatangelo, 2018**).

The bedridden elderly have a basic need to remain connected to family members, friends, and like-minded elderly. This is psychological, social beneficial because such connections can minimize issues with depression and loneliness and boost emotional stability. A bedridden older adult can become depressed because they may feel that they are burdening others, are losing their autonomy or because their social interactions are limited. It is important to meet