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University of Basra
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Health Related Needs of Elderly People in Basrah Home

A Research Project

Submitted to the counsel of the college of nursing at the university of Basrah

By Students

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سُورَةُ الْاِسْتِزَارِ

* وَقَضَىٰ رَبُّكَ أَلَّا تَعْبُدُوا إِلَّا إِيَّاهُ وَبِالْوَالِدَيْنِ إِحْسَانًا إِمَّا
يَبُلُغَنَّ عِنْدَكَ الْكِبَرَ أَحَدُهُمَا أَوْ كِلَاهُمَا فَلَا تَقُلْ لَهُمَا
أُفٍّ وَلَا تَنْهَرَهُمَا وَقُلْ لَهُمَا قَوْلًا كَرِيمًا ﴿٢٣﴾ وَأَخْفِضْ لَهُمَا
جَنَاحَ الذُّلِّ مِنَ الرَّحْمَةِ وَقُلْ رَبِّ ارْحَمْهُمَا كَمَا رَبَّيَانِي
صَغِيرًا ﴿٢٤﴾



الاهداء Dedication

الى من جرع الكاس فارغا ليسقيني قطرة حب

الى من اكلت انامله ليقدم لنا لحظة سعادة

الى من حصد الاشواك عن دري ليهدي لي طريق العلم

الى القلب الكبير والذي العزيز

الى من ارضعتني الحب والحنان

الى رمز الحب وبلسم الشفاء.....

الى القلب الناصع بالبياض والذي الحبيبة.....

الى القلوب الطاهرة والنفوس البريئة.....

الى رياحين حياتي اخوتي.....

الى الارواح التي سكنت تحت تراب الوطن الحبيب الشهداء العظام

الى الذين بذلوا كل جهد وعطاء لكي اصل الى هذه اللحظة اساتذتي الكرام

اليكم جميعا اهدي هذا العمل



Supervisors Support

I certify that this project of research

Health Related Needs of Elderly People in Basrah city

Was prepared under my supervision at the college of nursing university of Basra.

AL. Samaher Sabbry Hameed

University of Basrah

College of Nursing

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List of contents

Quranic verse	I
Dedication	II
Supervisors Support	III
Acknowledgement	IV
Abstract	VII
Chapter one	1
1-1 Introduction	2
1-2 Aim of the study	3
Chapter Two.....	4
2-1 Changes in ageing.....	5
2-1-1 Biological Changes	5
2-1-3 Psychological changes.....	8
2-1-4 Social changes	9
2-2 Family and the elderly	10
2-3 Quality of life of the elderly	10
Chapter Three.....	12
3-1 Methodology.....	13
3-2 Project Mode.....	13
3-3 Project Instrument	13
3-4 statistical data analysis	14
Chapter Four	15
Result of the study	16
Chapter Five.....	20
Discussion	21
Chapter Sixe.....	23
4-1 Conclusion:.....	24

4-2 Recommendations:	24
References	25
Appendix	29
Evaluative Questionnaire of Elderly Care at Home	30
A Summary	35

List of tables

NO	Title	Page
1	Demographic information	16
2	Nervous status	17
3	Chronic problems	17
4	Nursing needs	18
5	Mental problems	9
6	Other problems	19

Abstract

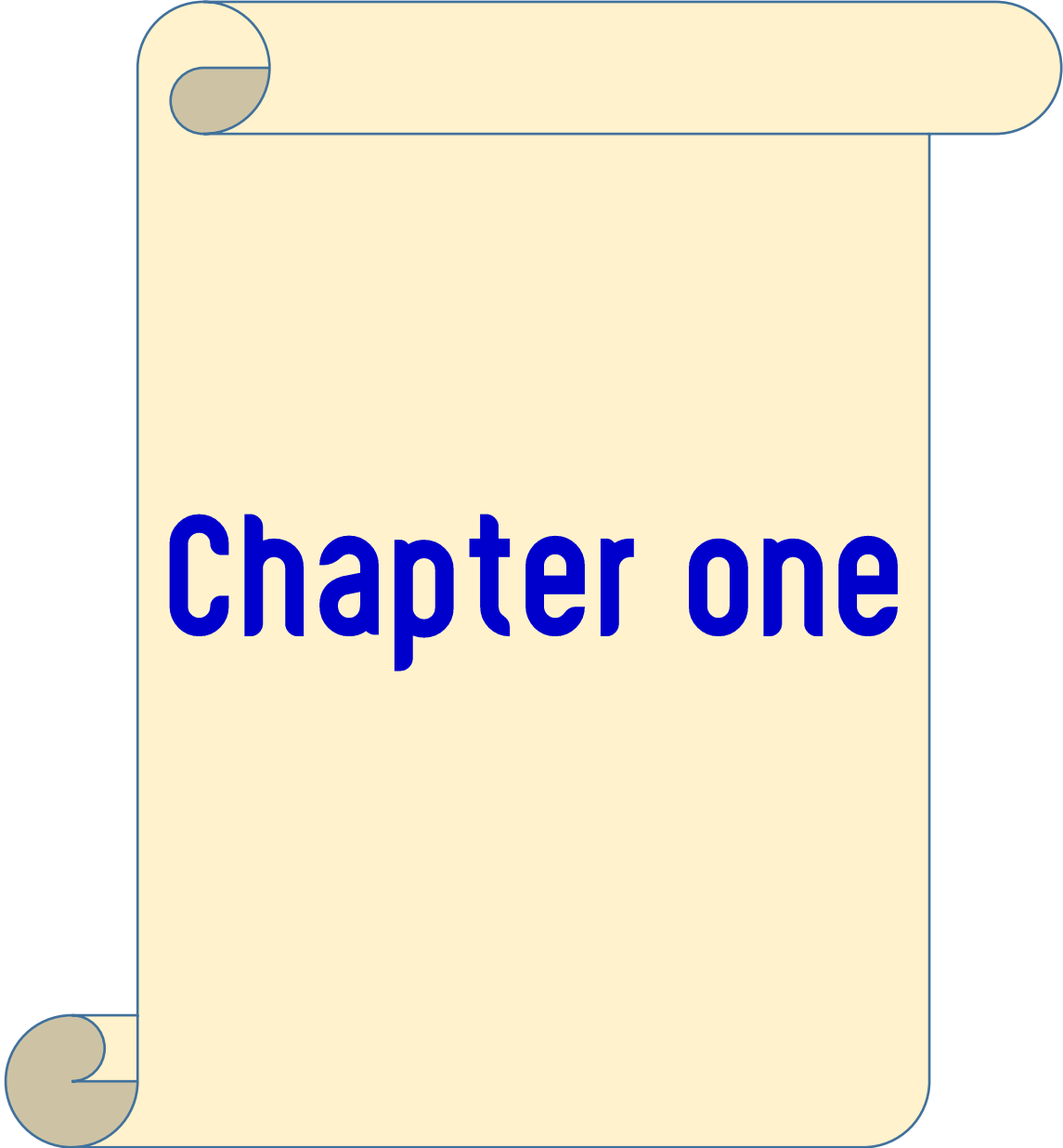
According to WHO statements, quality of life defined as an individual's perception of their position in life in the context of the culture and values systems in which they live and in relation to their goals, expectations, standards and concerns.

This study aimed at finding out Health Related Needs of Elderly People in Basra city , by focusing on five fields: Nervous status, Chronic problem, Mental problem, nursing needs and others.

The study involved a sample of 50 elderly males and females aged sixty-five years and more, all residing in Basra city.

The findings of the research showed that most of the elderly suffering from chronic disease such as hypertension and diabetes.

It also showed that the existence of statistic differences between Chronic problems which were significant and Mental problems which were not significant.



Chapter one

1-1 Introduction

Aging as a natural process of life is due to gradual changes in metabolic activity of organs and disability in regeneration capacity of cells. Worldwide, the average life span of people has been increasing. Several factors including heredity, life style and healthy diet, avoiding smoking and physical activity can effect on the longevity of life. (Datta PP *et al.*, 2013)

Elderly people have higher probability of suffering from multiple health disorders due to experience reduced physical and mental functions. Loneliness, impaired sexual activity and chronic metabolic disorders are some of causes can result in emotional disturbances. (Farzianpour F *et al.*,2012)

These problems can decrease life quality of elderly. According to WHO statements, quality of life defined as an individual's perception of their position in life in the context of the culture and values systems in which they live and in relation to their goals, expectations, standards and concerns. (Nejati V.,*et al* 2008)

In addition, quality of life is described as a wellness resulting from a combination of physical, functional, emotional and social factors. (Ware JE Jr and Sherbourne CD, 1992)

Poor economic, cultural, educational and health care conditions and also inadequate social interactions can result in poor quality of life in elderly people. (Mellor D *et al.*,2008)(Donmez L *et al.*,2005)Chronic diseases such as diabetes mellitus, coronary heart diseases, osteoporosis and cerebrovascular are most common diseases in elderly people. These disturbances that cause medical, social and psychological problems can decrease physical functions and the quality of elderly's in the community. As well as, burden of diseases will be increased obviously (Bussche HV *et al.*,2011)(Lehnert T *et al.*,2011)

Elderly remain vulnerable to severe consequences of COVID-19 infection owing to the increasing comorbidities and immunosenescence in them. Prolonged oxygen therapy and intensive respiratory rehabilitation are the mainstays of effective management. Given the constant threat of mutating virus, masking, maintaining hand sanitization, vaccination and also caring for our elders while still maintaining social distance are our best bet against a fatal third wave (Sangeeta J Pednekar¹ *et al.*, 2022)

1-2 Aim of the study

1. Caring for someone, even when this person is highly regarded, can be stressful, resulting in a decrease in the caregiver's quality of life.
2. To identify the main conflicts involved in the task of caring for an elderly relative, reported by caregivers.
3. Socialization is important for physical and psychological well-being.



Chapter Two

2-1 Changes in ageing

Aging is inevitable. It reflects many changes that occur throughout human life, since birth till death. They have to struggle and adapt different stages of life. In this process different changes occur in the human body. Especially in older age, change in whole system takes place. They have poor immune system and are more susceptible to different diseases. (Smith, Suzanna & Gove, Jennifer E, 2006.)

As people aging, they experience biological, psychological, and social changes. These changes are normal, but there are a lot of things that can be done to help older adults adjust to and compensate for these changes. (Hom Nath Chalise, 2019)

2-1-1 Biological Changes

External Changes: are some of the most obvious changes with aging. These include changes to their hair, skin ,Sensory, Taste and Smell and others.

a. Changes to Hair

As people age, their hair loses its pigment and turns gray or white. As people get older, their hair thins. Many men become bald or have a “receding hairline, but even women notice that their hair becomes less thick. Because the hair disappears or thins, older people are more likely to get sunburned on their heads.

b. Changes to Skin

As people get older, skin loses elasticity. It becomes thin and fragile. The blood flow and oil production in the skin decrease, and the skin tends to become dry and wrinkled. “Liver spots” often appear on the hands and face. Wounds take a

longer time to heal in older persons. When these changes happen, older adults are at risk of getting decubitus ulcers (bed sores that are hard to heal).

c. Sensory Changes

Sensory changes include changes to taste, smell, sight, and hearing.

d. Changes to Taste and Smell

The senses of taste and smell decline in later years. The danger is that the loss of taste and smell can make it difficult to tell if food is spoiled or if there is a gas leak in the kitchen stove.

e. Other problem

Hearing and vision problem in old age makes communication difficult. Similarly, changes in taste and smell, changes in bone and muscles takes place. Bone loss, fracture and muscles pain increases in old age. In digestive system, they have high chance of losing teeth and stomach upset, less bowel movement. Constipation is the most common problem. They also have changes in circulation for instance heart becomes slow to pump the blood. Because of this reason they have high chance of stroke. Menopause is the main changes that occur in old age women and it varies among different individual. (Smith, Suzanna & Gove, Jennifer E, 2006.)

2-1-2 Organ System Changes:

These include changes to the heart and cardiovascular system, the lungs and respiratory system, the gastrointestinal system, the urinary tract system, and the musculoskeletal system .

a. Changes to the Heart and Cardiovascular System

With age, the heart pumps with less force, and there is a decrease in cardiac output. More time is required for the heart to return to normal after exertion.

b. Changes to the Lungs and Respiratory System

Deep breathing may become difficult because the skeletal muscles become more rigid. The cough mechanism becomes less effective due to anatomic and muscle changes. Breathing moves to the upper part of the chest. The lungs become less elastic and decrease in size

c. Changes to the Musculoskeletal System

We reach our maximum height at age 25. After that, height declines an average of 3 inches over the life span, due to loss of bone.

With age, the width of the shoulders declines. There is bone loss, weakened muscles, and loss of elasticity in ligaments. Cartilage between joints wears thin, and lubricating fluid decreases, causing stiffness in the joints. Joint stiffness limits physical activity and mobility. This affects gait and posture. With declines in physical activity, strength and stamina will also be affected.

d. Changes to the Gastrointestinal System

With age, there is a decrease in the contraction of muscles in the esophagus, so it takes more time for food to get to the stomach. This explains why many older adults have the sensation of being full before finishing a full meal. This can result in inadequate nutrient intake.

e. Changes to the Urinary Tract and prostate

With age, kidneys decrease in size and volume, and prostate increased in size, these changes affect renal function. This makes the need to urinate more frequent. The bladder may not empty completely after voiding. This can lead to

urinary tract infections. Weak muscles of the bladder can lead to incontinence (the inability to control bladder functions).(Hom Nath Chalise, 2019) .

2-1-3 Psychological changes

Psychological wellbeing is considered as a core of successful aging. The ability to be self-determined and to exercise control over one's life is critical to both psychological and physical well-being and health (Pasqualina Perrig-Chiello, Perrig Walter, Uebelbacher Andreas, & Stähelin Hannes B, 2006.)

In old age, there are some changes in the human brain resulting changes in behaviour too. Different diseases or mental condition like depression, memory loss, mood changes, and dementia occurs.

Elderly people may have fear of many things related with their health condition, injuries, as well as about family and friends. So they can feel depressed and loneliness. (American Psychological Association, 2006.)jo

Due to different physical and psychological changes in elderly, there is also a great chance of suicidal case. They can attempt suicide because of depression and loneliness also. Problem with memory make them difficult to remember simple things what happened just earlier. For instance, the day's new events, what was eaten for breakfast, dates. Memory generally declines with age. A lot of things go up and down during this stage of life. (Traphagan and John W, 2004.)

However, poor cognitive ability can be improved by using different methods or extra activities. Involving in different games like chess, crossword puzzles or playing simple games is necessary. Exercises like swimming, walking, yoga helps to maintain the cognitive function.

Also, the social involvement is the important factor to maintain it. Elderly can be more active and have the healthy brain. Those who have been involving in physical as well as social activities have less chance of depression and healthy cognitive skills. (Ganzer, Christine & Zauderer, Cheryl ,2011.)

2-1-4 Social changes

Social role identifies and define individuals position and validate their existence in social groups such as families, workplace and communities. Social role changes throughout the lives. The different roles remain in place but the participation in that role generally depends on the health status, financial resources and mobility in the community. However, older adults continue to participate in way of these social roles even faced with diminished capacities. Retirement is one of the social changes. It is difficult for older adult to leave the position where they get respect, regular income and social network of friends, colleagues and acquaintances. Similarly, it causes transition from the daily recognition to one with limited recognition and possible isolation. It may affect elderly psychologically. Numerous studies have shown that socialization is important for physical and psychological well-being. But social relationship gets affected with old age. Personal health declines and the ability to socialize reduced. So, only few relationships are maintained. Such relationships are social circle of family members and close friends. Older adults have strong desire to be independent and do not accept help from others. Due to decline in the health status they reached at the point where they need to accept support and help from others. Family member especially children gives assistance to them. (Brossoie, Nancy ,2013.)

2-2 Family and the elderly

Families are the cornerstone of all human societies which have been discovered in every human culture. Family as a social institution is closest to us and its influence can be felt in everyday lives. (Morgan & Kunkel, 2006).

It is a place where a person finds and expects the most encouragement, comfort and security and help if needed. Elderly are most happy with family life especially with their children. (Läidmäe, V & Tammsaar, K & Tulva, T & Kasepalu 2012.)

Research in many cultural settings shows that older people prefer to be in their own homes and communities (WHO, 2011.).

Multigenerational family involving more than two generations are available due to increased life expectancy of people (Sousa, 2009).

Even though there is an increase in family generations, families are fragmented into small units and divided in different family patterns due to marriage, divorce, step family relations. Similarly, it has even increased with family trend to live separately, family members seeking jobs and studying in different places. This creates fewer young family members available to provide care to the elderly people. Also, there is a decline in physical and cognitive functioning in old age. It causes institutionalization of elderly in nursing or elderly homes. (WHO, 2011.)

2-3 Quality of life of the elderly

Quality of life is “an individual’s perception of his or her position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept,

incorporating in a complex way a person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features in the environment." (Active Ageing: A policy framework, Revised 2002)

In nursing home, the quality of care received by residents is of increasing concern. Sometimes, emphasis on only physical care and safety measures are given to maintain quality of care. When moving beyond basic care including overall quality of life, it is more broadly defined concept and believed to encompass numerous domains including comfort, security, dignity, and mental well-being. (Frahm , 2009.)

Loneliness, social exclusion and family rejection also comprise the quality of life of elderly (Sousa, 2009).

Among nursing home residents, family involvement has been associated with better physiological and psychosocial well-being and higher provision of certain types of treatment (Cynthia L *et al.*, 2005).



Chapter Three

3-1 Methodology

This study was across-sectional Involving (50) persons (male and female). To achieve the aim of the study, the questionnaire was designed translated to arabic language in order to assess elderly health needs in Basra government.

3-2 Project Mode

The project Implemented In the College of Nursing - University of Basra study starts from November2021 to date.

3-3 Project Instrument

The Questionnaire is consist of many questions that taken by written documentation. Before starting this study all items were distributed to obtain there opened and advanced teachers of nursing college .

It divided Into Many parts, the first parts was to identify the socio- demographic characteristic including gender, education level and number of family member.

The second part consist of four paragraphs to assess mental problems.

The third part consist six paragraphs to assess chronic disease.

The forth part consist six paragraphs to assess nursing needs.

The fifth part consist six paragraphs to assess psychological problems.

All elders or their families answered questions through a paper questionnaire and sent the questionnaire to us.

3-4 statistical data analysis

For data analysis

- 1- Percentage.
- 2- Frequency.
- 3- mean of score



Chapter Four

Result of the study

Demographic information

	Question	f	%	
1	Gender	Male	27	54
		Female	23	46
2	Age	Over 65	48	96
		Below 65	2	4
3	Education	No education	23	46
		Primary	12	24
		Secondary	15	30
4	Address	Countryside	17	34
		City	33	66
5	Social status	Married	50	100
		Divorced	0	0
		Widower	0	0

Table (1) demographic information

Nervous status

	Question	Yes		No		MS	S
		F	%	F	%		
1	hemiplegia	7	14	43	86	1.14	NS
2	Parkinsonism	6	12	44	88	1.12	NS
3	Deafness	5	10	45	90	1.1	NS
4	Blindness	8	16	42	84	1.16	NS
5	Epilepsy	3	6	47	94	1.06	NS

Table (2) nervous status showed that Q1,Q2,Q3,Q4,Q5 are no significant

Chronic problem

	Questioner	Yes		No		MS	S
		F	%	f	%		
1	Hypertension	40	80	10	20	1.8	S
2	Heart failure	18	36	32	64	1.36	NS
3	Angina	31	62	19	38	1.62	S
4	Diabetes	45	90	5	10	1.90	S
5	Arthritis	25	50	25	50	1.5	S
6	Gastroenteritis	39	78	11	22	1.78	S

Table (3) Chronic problems showed that Q1,Q3,Q4,Q5,Q6 are significant while Q2 are not significant .

Nursing needs

	Questioner	Yes		No		some assist		MS	S
		F	%	F	%	f	%		
1	Wash	23	46	26	52	1	2	1.46	NS
2	Dress	20	40	27	54	1	2	1.36	NS
3	Feed	18	36	26	52	6	12	1.6	S
4	Go to toilet	17	34	30	60	3	6	1.46	NS
5	Climb stair	19	38	28	56	3	6	1.5	S
6	Move from room to room	25	50	18	36	7	14	1.22	NS

Table (4) Nursing needs showed that Q3, Q5 are significant while Q1,Q2,Q4,Q6 are not significant .

Mental problem

	Questions	Yes		No		MS	S
		F	%	F	%		
1	Dementia	13	26	37	74	1.26	NS
2	Depression	24	48	26	52	1.48	NS
3	Alzheimer	12	24	38	76	1.24	NS
4	Mental retardation	2	4	48	96	1.04	NS
5	Anxiety	33	66	17	34	1.66	S

Table (5) Mental problems showed that Q5 are significant while Q1,Q2,Q3,Q4 are not significant .

Other problem

	Questioner	Yes		NO		MS	S
		F	%	F	%		
1	Covid_19	27	54	23	46	1.54	S
2	Vaccination of covid_19	11	22	39	78	1.22	NS
3	Bed ulcer	2	4	48	96	1.04	NS

Table (6) other problem showed that Q1, are significant while Q2, Q3 are not significant.



Chapter Five

Discussion

Elderly people have higher probability of suffering from multiple health disorders due to experience reduced physical and mental functions. Loneliness, impaired sexual activity and chronic metabolic disorders are some of causes can result in emotional disturbances(Farzianpour *et al.*, 2012) Study(Adjei *et al.*,2017 and Khaje *et al.*, 2014 and Roberts *et al.* ,2015) showed similar models to our current study, which showed that the elderly mostly suffer from chronic diseases, functional disorders and depressive symptoms, which is consistent with our current study.

The study showed that 54% of participated elders are male and 46% are female and their age was 96% over 65 years and 4% below 65 years 46% were not educator and all the participated were married .

The present study showed that all question regarding nervous system were not significant which were about (Hemiparesis, Parkinsonism, Deafness, Blindness and Epilepsy).

the musculoskeletal, cardiovascular, gastrointestinal diseases, depression and dehydrations were strongly the most important comorbidities appeared among older people. Besides, previous studies have shown the same results in Lebanon and the Middle East as a whole (Hajjar and Bouios *et al.* , 2013)).

The present study revealed that (Q1, Q3, Q4, Q5) (Hypertension, Angina, Diabetes, Arthritis and Gastroenteritis) respectively were significant while Q2 regarding heart failure was not significant.

The present study revealed that (Q1, Q2, Q4, Q6) (Wash, Dress, Go to toilet and Move from room to room) respectively were not significant, while (Q3&Q5) were significant.

The present study showed Q1 regarding other problem is significant and (Q2, Q3 and (Vaccination of covid_19 and bed ulcer) respectively were not significant.

The present study showed that Q 5 regarding Anxiety in elderly people s were significant while Q1,Q2,Q3,Q4 (Dementia, Depression, Alzheimer and Mental retardation) respectively were no significant

This study had some limitations; the main limitation of this study was small sample size of participants. In spite of assessing some associated factors affecting on the quality of life, examining the other factors were not possible in this study and can be suggested for the future studies.



Chapter Six

4-1 Conclusion:

Old age contains many life stressors that can affect quality of life passively as loneliness, unemployment, poor financial support, chronic health problems, poor health status and poor functional capacity. Persons with depression are more likely to experience poor quality of life than normal people.

4-2 Recommendations:

- 1- There is a need to develop education programs motivating elderly people to share in social activity.
- 2- keeping and maintaining of friendships.
- 3- Periodic psychological and social screening of geriatric people for symptoms of depression via home visits with special emphasis on the more vulnerable problems is important for
- 4- early detection and management of critical illnesses for improvement of life quality.

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Appendix

Evaluative Questionnaire of Elderly Care at Home

1	Gender	Male	
		Female	
2	Age	Older than 65	
		Younger than 65	
3	Education Level	Illiterate	
		Primary	
		Secondary	
4	Address	City	
		Country side	
5	marital status	Single	
		Married	
		divorced	

Nervous status

	Question	Yes	NO
1	Does the elderly person suffer from hemiplegia?		
2	Does he suffer from Parkinson's disease?		
3	Does the elderly suffer from blindness?		
4	Does the elderly person suffer from deafness?		
5	Does the elderly person suffer from epilepsy?		

Chronic diseases

	Question	Yes	No
1	Hypertension		
2	Heart Failure		
3	Diabetes		
4	Arthritis		
5	Angina		
6	Gastroenteritis		

Nursing needs

	Question	Yes	No	Some assistance
1	Does he need help when washing his body?			
2	Does he need help when changing clothes?			
3	Does he need help when going to the bathroom?			
4	Does he need help when eating?			
5	Does he need help when moving from one place to another inside the house?			
6	Does he need help when going up the stairs?			

Mental problem

	Question	Yes	No
1	Does the elderly suffer from dementia?		
2	Does the elderly suffer from depression?		
3	Does the elderly suffer from Alzheimer's disease?		
4	Does the elderly suffer from mental retardation?		
5	Does the elderly suffer from anxiety?		

Other problem

	Question	Yes	No
1	Did the elderly person have corona Virus?		
2	Did you receive the vaccine?		
3	Does the elderly suffer from a pressure ulcer?		

الاحتياجات المتعلقة بصحة كبار السن في منازل البصرة

1	الجنس	ذكر	انثى	
2	العمر	أكبر من 65	أصغر من 65	
3	المستوى التعليمي	امي	ابتدائية	ثانوية
4	السكن	ريف	مدينة	
5	الحالة الاجتماعية	أعزب	متزوج/ة	مطلق/ة

المشاكل العصبية

السؤال	نعم	كلا
1 هل يعاني المسن من الفالج		
2 هل يعاني من مرض الشلل الرعاش		
3 هل يعاني المسن من العمى		
4 هل يعاني المسن من الصمم /الطرش		
5 هل يعاني المسن من الصرع		

الامراض المزمنة

السؤال	نعم	كلا
1 ارتفاع الضغط		
2 الفشل القلبي		
3 السكري		
4 التهاب المفاصل		
5 الذبحة الصدرية		
6 التهاب المعدة والامعاء		

الاحتياجات التمريضية

السؤال	نعم	كلا	بعض المساعدة
1 هل يحتاج المساعدة عند غسل جسمه			
2 هل يحتاج الى المساعدة عند تغيير الملابس			
3 هل يحتاج المساعدة عند الذهاب الى الحمام			
4 هل يحتاج المساعدة عند الاكل			
5 هل يحتاج المساعدة عند التنقل من مكان لآخر داخل المنزل			
6 هل يحتاج المساعدة عند صعود الدرج			

المشكلات العقلية

السؤال	نعم	كلا
1 هل يعاني المسن من الخرف		
2 هل يعاني المسن من الاكتئاب		
3 هل يعاني المسن من مرض الزهايمر		
4 هل يعاني المسن من التخلف العقلي		
5 هل يعاني المسن من القلق		

المشكلات الأخرى

السؤال	نعم	كلا
1 هل أصيب المسن بمرض كورونا		
2 هل تلقى اللقاح		
3 هل يعاني المسن من قرحة الفراش		

خلاصة

وفقاً لبيانات منظمة الصحة العالمية، يتم تعريف جودة الحياة على أنها تصور الفرد لمكانته في الحياة في سياق الثقافة وأنظمة القيم التي يعيش فيها وفيما يتعلق بأهدافه وتوقعاته ومعايير اهتماماته.

هدفت هذه الدراسة إلى معرفة الاحتياجات الصحية ذات الصلة لكبار السن المقيمين في مدينة البصرة، من خلال التركيز على خمسة مجالات: الحالة العصبية، المشكلة المزمنة، المشكلة العقلية، كوفيد 19، واحتياجات التمريض.

اشتملت الدراسة على عينة قوامها 50 من كبار السن من الذكور والإناث الذين تبلغ أعمارهم خمسة وستين عاماً فأكثر، وجميعهم يقيمون في مدينة البصرة.

وأظهرت نتائج البحث أن معظم كبار السن يعانون من أمراض مزمنة مثل ارتفاع ضغط الدم والسكري. كما بينت وجود فروق ذات دلالة إحصائية بين المشاكل المزمنة التي كانت معنوية والمشاكل العقلية غير المعنوية.



وزارة التعليم العالي وزارة التعليم العالي

والبحث العلمي

جامعة البصرة

كلية التمريض

الاحتياجات المتعلقة بصحة كبار السن في مدينة البصرة

مشروع بحثي

يقدم الى مستشار كلية التمريض في جامعة البصرة

من قبل الطلاب

علي ظاهر جعفر

زهراء يوسف أمين

لقاء سعود عزيز

مشرف

سماهر صبري حميد

2022