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Enhancing elderly care: a nursing intervention study

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Abstract. This study explored the experiences of nurses caring for elderly patients with chronic diseases in China and evaluated a nursing intervention model to address their physical, psychological, and social needs. Using a quantitative approach, data were collected via questionnaires from nurses in experimental and control groups. Results showed that the experimental group—trained through the Small Private Online Course (SPOC) teaching mode—outperformed the control group in teaching quality, learning motivation, resource efficiency, and course interaction. Significant differences in teaching perception were observed across student subgroups, suggesting the need for tailored SPOC strategies. The study recommends strengthening emotional support for caregivers, adopting patient-centered care, improving care continuity, enhancing nursing education, and promoting interdisciplinary collaboration to improve both patient outcomes and nurse satisfaction.

Keywords: elderly care, chronic diseases, nursing intervention, SPOC teaching, mental health

1. Introduction

Older adults often face a myriad of health challenges, ranging from chronic diseases to complex issues associated with aging. As a result, the role of nurses in aged care has become indispensable. This presentation aims to delve into the multifaceted impact of professional care on older adults, addressing the physical and emotional aspects of their health. By exploring the various aspects of good care, we can gain insight into how it contributes to the quality of life of older adults, improved health, and the process of ageing with dignity. As the global population continues to age, providing quality healthcare to older adults is an increasingly important issue. Among the key factors influencing the well-being of older adults, the impact of good care is particularly prominent. Nursing goes beyond the medical field to encompass the overall well-being of an individual in their later years. In this context, it is crucial to understand the profound impact of good care on older adults, not only for the individual receiving care, but for society as a whole. When it comes to aged care, the impact of good care goes beyond medical interventions. This is a comprehensive commitment to ensuring the well-being of an ageing population. The exploration focuses on the far-reaching impact of skilled nursing on older adults, particularly in areas such as pneumonia, pressure ulcers, and mental health. These three areas provide an overview of the multifaceted challenges that older adults often face, and it is critical to understand the role of care in addressing these challenges. Prolonged bed rest may cause older people to be unable to cough and discharge expectoration effectively, which increases the risk of pneumonia. Regular pulmonary physiotherapy,

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such as helping older people to take deep breaths and cough effectively, can reduce the incidence of pneumonia. In addition, keeping the environment clean and ventilated, as well as avoiding bad habits such as smoking, can also reduce the risk of pneumonia. Similarly, pressure ulcers are a common condition in older adults who have been bedridden for a long time, and their prevention and treatment also require close attention. Many studies have shown that good care can prevent the occurrence of pressure ulcers, and by taking preventive measures, regular assessments, and appropriate interventions, nurses can significantly reduce the incidence and impact of these painful and potentially serious wounds. In addition to physical problems, the mental health of the elderly is equally important. The aging process often presents unique emotional challenges, including loneliness, anxiety, and depression. Qualified care goes beyond medical procedures to include emotional support, companionship, and the creation of a positive environment. Recognising the interplay between physical and mental health, nurses should be advocates not only as caregivers, but also as advocates for the overall well-being of older adults.

This exploration aims to reveal the symbiotic relationship between good care for older adults and relief from pneumonia, pressure ulcers, and mental health. By delving into these interconnected aspects, we strive to highlight the importance of integrated care as an integral part of promoting a dignified, comfortable, and fulfilling ageing experience for older adults.

2. Literature review

Long-term bedridden older adults—typically defined as individuals aged 60 years or older who are confined to bed or chair for the majority of the day due to severe functional limitations—are particularly vulnerable to a range of preventable health complications. Among the most common and serious are respiratory infections such as pneumonia, pressure-related skin injuries, and psychological distress including depression and anxiety [1]. In China, where over 40 million older adults live with moderate to severe disability, many rely heavily on informal or community-based nursing support in home settings [2]. Growing evidence suggests that well-structured, person-centered nursing care can play a vital role in reducing these risks and improving overall well-being.

Respiratory complications remain a major concern for immobile older adults. Prolonged recumbency compromises natural airway clearance mechanisms, increasing susceptibility to aspiration and lower respiratory tract infections [3]. While much of the existing research on preventive strategies has been conducted in hospital environments, some studies highlight the potential benefit of basic nursing practices—such as regular repositioning, oral care, and encouragement of respiratory exercises—in mitigating infection risk among frail, bedbound individuals [4]. Nevertheless, the applicability and sustainability of such interventions in resource-constrained community contexts, especially in rural China, remain underexplored.

Similarly, skin integrity is frequently compromised in long-term bedridden populations. Pressure ulcers represent a significant burden, not only causing physical discomfort but also increasing the risk of secondary infection and prolonged recovery [5]. Recommended preventive approaches include routine turning schedules, use of supportive surfaces, and consistent skin monitoring—all of which have shown promise in various care models [6]. Some recent work further suggests that combining wound prevention with gentle rehabilitative activities may enhance outcomes and reduce recurrence [7]. However, consistent implementation in home care is often hindered by limited training, caregiver fatigue, and lack of access to appropriate equipment.

Beyond physical health, the psychological and social dimensions of prolonged immobility cannot be overlooked. Extended periods of confinement are strongly associated with emotional distress, social withdrawal, and diminished quality of life [8]. Research in Chinese contexts has pointed to high levels of

unmet emotional needs among bedridden elders, with supportive interpersonal interactions emerging as a critical buffer against mental health decline [9]. Approaches that emphasize dignity, empathetic communication, and opportunities for meaningful engagement appear to foster greater psychological resilience and life satisfaction [10].

In summary, while effective strategies exist across physical, psychological, and social domains, there is still a notable gap in integrated, holistic nursing frameworks tailored to the unique needs of community-dwelling, bedridden older adults in China. This study aims to address that gap by exploring how coordinated, person-centered care might better support this vulnerable population.

3. Methodology

This chapter provides a comprehensive overview of the research methodology adopted in this study, outlining the overall design and procedural steps taken to investigate the research problem. The primary aim of the researchers is to present the methodological approach in a clear, coherent, and sufficiently detailed manner so that other scholars can fully grasp the logic and structure of the study and, if needed, replicate it with confidence. Ensuring methodological transparency not only strengthens the validity and reliability of the findings but also supports the broader scientific goal of building reproducible and trustworthy knowledge.

To achieve this, the chapter is organized into several key sections that collectively describe the essential components of the research process. These include the study design, which establishes the general framework guiding the inquiry; the study sample, covering participant selection and characteristics; the nursing intervention, where applicable, describing the nature and delivery of care provided; data collection and data analysis procedures, which outline how information was gathered and interpreted; ethical considerations, addressing issues related to participant rights and research integrity; and finally, brief notes on the interpretation and reporting of results. While specific operational details are included where necessary, the emphasis remains on providing a clear methodological narrative that aligns with the study's objectives and academic standards.

3.1. Research design

Quantitative research method was adopted to investigate the subjects through questionnaires to collect relevant data and information. Quantitative research is a scientific research method that uses numerical data and statistical analysis to describe, explain, and predict relationships between phenomena. Its connotation includes clear research purpose, quantified variables and data collection methods, statistical analysis and inference. The role of quantitative research is to provide objective and quantifiable data to help researchers test hypotheses and discover patterns and relationships, thereby supporting scientific decisions and actions. It is widely used in various fields, such as medicine, social science, education, etc. It provides an objective and systematic research means for researchers, and promotes the development and progress of the discipline.

3.2. Participants

The research sample of this study were 30 participants mainly come from a community in Binzhou City, Shandong Province, China, where long-term bedridden elderly (chronically bedridden elderly with pressure sores, pneumonia and psychological support). This study consisted of 30 long-term bedridden patients. The criteria for selecting patients for this study are as follows:

3.2.1. Inclusion criteria

(1) Aged between 65 and 85.
(2) Family members are unable to carry out self-care and long-term care.
(3) Able to participate in questionnaire survey.
(4) Voluntary participation.
(5) long-term bedridden elderly with pressure sores, pneumonia or in need of psychological support.

3.2.2. Exclusion criteria

(1) Older people who are outside the age range of 65 to 85.
(2) Family members can provide self-care or long-term care.
(3) Older adults who lack adequate cognitive or communication skills.
(4) Groups that don't want to participate.
(5) Elderly people who do not have pressure sores, pneumonia or do not need psychological support.

3.3. Ethical considerations

This study aimed to explore the elderly patients with chronic diseases in China, so special attention should be paid to ethical issues to protect the rights and dignity of the study subjects. Here are the ethical considerations of this study:

Informed consent: In this study, all participants must sign informed consent with a clear understanding of the purpose, procedure and risks of the study. Researchers provided participants with adequate information to ensure that they understand the nature, purpose and possible outcomes of the study, and that their participation in the study is voluntary.

Confidentiality and privacy protection: The researcher strictly protected the participants' personal privacy information. In the process of data collection and analysis, researchers took strict confidentiality measures to ensure that participants' identities and personal information are not disclosed. All data processed anonymously and used for research purposes only.

Respect for individual rights: Researchers respect the rights and dignity of participants. The study avoided any physical or psychological harm to the participants and ensure fairness, fairness and respect during the study.

Fair treatment: This study followed the principle of fairness when assigning the experimental group. The grouping process is random to avoid bias or discrimination due to human factors. All participants given an equal opportunity to participate in the experiment, regardless of their personal characteristics or background.

Benefit maximization and risk minimization: The researcher tried to maximize the benefits of the participants while minimizing the risks that may be posed to them. In developing the study plan and procedures, the study takes reasonable account of the safety and well-being of the participants and takes appropriate measures to mitigate potential adverse effects.

Monitoring and review: Researchers supervised by an independent monitoring and review mechanism to ensure that research complies with ethical standards and legal and regulatory requirements. All research processes and results are subject to rigorous review and scrutiny to ensure their scientific and ethical integrity.

3.4. Instrument

This study employed a structured questionnaire as the primary research instrument to collect comprehensive data from participants. The questionnaire was systematically divided into three distinct sections to ensure a holistic understanding of the participants' backgrounds, needs, and health-related conditions. The first section gathered essential demographic and socioeconomic information, including gender, age, current occupation,

monthly or annual economic income, primary caregiver (if applicable), and overall family situation (such as marital status, number of dependents, and living arrangements). This foundational data provided crucial context for interpreting participants' responses in subsequent sections.

The second section focused specifically on identifying participants' multidimensional needs, categorized into three key domains: physical health needs (e.g., access to medical care, medication management, mobility assistance), psychological and emotional needs (such as emotional support, stress management, and coping mechanisms), and social needs (including social interaction, community engagement, and perceived social support). These categories were designed to capture the full spectrum of well-being beyond mere clinical indicators.

The third section assessed participants' current health status and functional capacity. It included questions regarding their general physical health condition, their level of independence in performing Activities of Daily Living (ADLs)—such as bathing, dressing, eating, and toileting—their mental health status (including symptoms of anxiety, depression, or cognitive changes), and their expectations and preferences concerning nursing care services. This section aimed to bridge subjective experiences with objective health indicators, thereby offering valuable insights for improving the quality, accessibility, and person-centeredness of nursing interventions.

3.5. Data gathering

Before conducting the study, the researchers will first seek permission from community hospitals to conduct the survey. This means that the researcher will contact and communicate with the administration of the community hospital, explaining the purpose, methods and expected results of the study, and obtaining their endorsement and support. The purpose of this step is to ensure the legitimacy and compliance of the research.

In identifying the survey participants, the researchers worked with health care staff at community hospitals to identify elderly patients with chronic diseases who meet the study criteria. The investigator obtained written permission for the survey after introducing the research content and confidentiality to the survey subjects. The purpose of this step is to respect the rights and wishes of the respondents and to ensure that they understand and consent to participate in the study.

The data collection phase of this study used variety of methods, including follow-up observations and questionnaires. Follow-up observations will allow researchers to directly observe patients' lives, their care, and the way nursing nurses work to obtain real-time, objective data. At the same time, questionnaires were issued to collect patients' subjective opinions, feelings and evaluations to understand their cognition and expectations of nurses.

During the data collection process, researchers strictly controlled the quality of the data. This includes ensuring that questionnaires are filled out accurately, that data was entered and stored securely, and that data is cleaned and organized in a timely manner. In addition, researchers communicated with survey respondents at any time to address questions and concerns that may arise to ensure the accuracy and integrity of the data.

3.6. Analysis and interpretation

In this study, percentage, mean value, were used to compare and interpret the data of the experimental group and the control group, and explore the influence of good nursing on the long-term bedridden elderly.

A percentage is used to express the proportion of a number relative to the total number. This study used percentages to describe the proportion of different conditions such as gender, age, education, and income.

Scope and Limitations

The purpose of this study was to find out problems of elderly patients with chronic diseases. Through the use of questionnaire research method, this paper focuses on the impact of professional nursing on the physical health and emotional aspects of the elderly. The study will focus on nurses' experience, emotional engagement and personalized care for elderly patients in geriatric nursing practice, and explore nurses' coping strategies when facing the challenges of chronic care for elderly patients.

There were some limitations in the study of patients with chronic diseases in China:

Individual differences: The situation of elderly people who are bedridden for a long time varies from person to person, including different chronic disease symptoms, recovery potential, mental health status, etc. Such individual differences may influence how they respond to nursing interventions, limiting the generality of the findings. Although studies may do their best to cover a variety of conditions, they may not be able to fully cover all individual differences.

Selection bias: Participants in the study voluntarily joined, which can lead to selection bias. People who are in better health or have more positive expectations about care outcomes are more likely to participate, resulting in study results that tend to show more positive effects. In addition, cultural and social factors in different regions and communities may also influence the selection of participants and the applicability of study findings.

Limitations of retrospective study: This study is based on retrospective data, and there is a risk of recall bias. Patients or caregivers may not be able to accurately recall how care was administered, compromising the reliability of study results. This bias may lead to errors in the assessment of the effectiveness of care.

Limitation of external validity: This study focused on Zouping People's Hospital in Shandong Province. This may limit the external validity of the findings, et al. their results may not be directly generalizable to other regions, environments, or populations. Therefore, this study also requires careful interpretation and extrapolation of the findings to ensure their applicability and generality in other scenarios.

4. Analysis and discussion

4.1. What is the demographic profile of the respondents in terms of the following:

(1) Sex,
(2) Age,
(3) Marital Status,
(4) Educational attainment,
(5) Income,
(6) Chronic Diseases,
(7) Family care situation.

Profile of respondents is as follows:

Table 1. Demographic profile of respondents

Profile	f	%
Sex		
Male	7	23
Female	23	77
Total	30	100

Table 1. Continued

Age (years)		
65-70	8	27
71-75	10	33
76-80	11	37
81-85	1	3
Total	30	100
Marital Status		
Unmarried	0	0
Married	22	73
Dissociation	0	0
Bereft of one's spouse	8	27
Total	30	100
Education		
Primary school or below	11	37
Junior high school	11	37
Senior Middle School	6	20
College degree or above	2	7
Total	30	100
Economic Income		
Below 1,000 yuan	11	37
1,001-3,000 yuan	6	20
3,001-5,000 yuan	9	30
More than RMB 5,000 yuan	4	13
Total	30	100
Suffering from several chronic diseases		
One kind	7	23
Two kinds	11	37
Three kinds	10	33
Four or more	2	7
Total	30	100
Family care situation		
Take care by children	15	50
Care by spouse	11	36
Caregiver care	2	7
No one else to care for	2	7
Total	30	100

Presented in Table 1 is the profile of the thirty respondents composed of elderly persons with chronic diseases. Data shows majority were female (77%); mostly in 71-80 years old age bracket (70%); 73% of whom were married; finished primary (37%) and junior high school (37%); whose family income ranged from below 1,000 yuan (37%) to more than RMB 5,000 yuan. Respondents usually suffer from 2 to 3 kinds of chronic diseases at 37% and 33% respectively. Half (50%) were taken cared of by their children whereas

another 36% were cared by their spouses. The remaining respondent were either cared by caregiver or left on their own (self care).

4.2. What needs are demanded by the respondents in terms of the following dimensions:

(1) Physical needs,
(2) Psychological and emotional needs,
(3) Social needs.

4.3. What needs are demanded by the respondents in terms of the following dimensions:

(1) Physical needs,
(2) Psychological and emotional needs, and,
(3) Social needs.

Demand of respondents with chronic disease are as follows:

Tables 2 and Table 3 show the demand of the respondents with chronic diseases in terms of their, physical, psychological, emotional and social needs.

Table 2. Demand of respondents with chronic diseases in terms of physical health needs

Physical Health Needs	Weighted Mean	Verbal Description	Rank
1.Build a personal electronic health profile for me	3.9	More Important	1
2.Assessment of the Nutritional Status	3.7	More Important	3
3.Assessment of medication management	3.5	More Important	6
4.Sleep disturbance assessment	3.6	More Important	4.5
5.I need a health check per year	3.8	More Important	2
6.I need the feedback and guidance of the daily tests and laboratory results	3.6	More Important	4.5
Sub mean	3.68	More Important	

Legend: 1.00-1.49 = Very Unimportant; 1.50-2.49 = Not Important; 2.50-3.49 = Generally Important; 3.50-4.49 = More Important; 4.50-5.00 = Very Important

In terms of physical health needs, their primary demand was building their personal electronic profile which basing from their own assessment obtained the highest weighted mean of 3.9, ranked as number 1 among their list of demands (Table 1). Nonetheless all their other listed demands for physical health needs were likewise rated as more important although the lowest weighted mean was obtained for item #5 (WM = 3.5). It seemed the elders do not want to go for an annual health check. Sub mean for this dimension was 3.68 interpreted as More Important.

Psychologically and emotionally, it seemed that the respondents would feel more comfortable and secure with the provision of first and foremost a caregiver medical care guidance, medical insurance and other related medical policy support and chronic disease tracking management including but not limited to regular telephone calls, SMS and follow-up guidance.

Table 3. Demand of respondents with chronic diseases in terms of psychological and emotional needs

Psychological and Emotional Needs	Weighted Mean	Verbal Description	Rank
Provide me with mental and emotional health counseling services	3.5	More Important	6.5
Provide me with a pre-established medical service plan	3.6	More Important	5
Provide me with doctor-patient shared health decisions	3.5	More Important	6.5
Provide me with caregiver medical care guidance	4.0	More Important	1
Provide me with medical insurance and other related medical policy support	3.8	More Important	2.5
Provide me with a communication platform or group for elderly patients with chronic diseases	3.7	More Important	4
Provide me with chronic disease tracking management (regular telephone call, SMS follow-up guidance)	3.8	More Important	2.5
Sub mean	3.7	More Important	

Legend: 1.00-1.49 = Very Unimportant; 1.50-2.49 = Not Important; 2.50-3.49 = Generally Important; 3.50-4.49 = More Important; 4.50-5.00 = Very Important

On the other hand, provision of mental and emotional health counseling services and doctor-patient shared health decisions were the least of their demands.

Table 4. Demand of respondents with chronic diseases in terms of social needs

Social Needs	Weighted Mean	Verbal Description	Rank
Provide me with Internet + medical management services	3.9	More Important	1
Provide me with hospital dispensing and home delivery service	3.6	More Important	3.25
Provide me with green medical treatment services (convenient outpatient medical treatment, two-way referral, etc.)	3.6	More Important	3.25
Give me a home sickbed service	3.6	More Important	3.25
The living environment has barrier-free facilities (hand rails, elevators, etc.)	3.8	More Important	2
The residential community has embedded multi-functional care institutions, such as, day care centers, pension post stations, etc)	3.1	Generally Important	5
Give me a healthy diet and nutrition guidance	3.6	More Important	3.25
Sub mean	3.6	More Important	

Legend: 1.00-1.49 = Very Unimportant; 1.50-2.49 = Not Important; 2.50-3.49 = Generally Important; 3.50-4.49 = More Important; 4.50-5.00 = Very Important

Based on their social needs (Table 4), they demanded internet plus medical management and wanted their living environment to have barrier-free facilities such as hand rails and elevators, among others. Although they wanted their residential community to have embedded multi functional care institutions, this demand was the least of their social needs priority.

Table 5. Summary of respondents' needs demand

Nature of Needs Demand	Sub Mean	Verbal Description	Rank
Physical Needs	3.68	More Important	2
Psychological and Emotional Needs	3.70	More Important	1
Social Needs	3.60	More Important	3
Over all Weighted Mean		More Important	

Legend: 1.00-1.49 = Very Unimportant; 1.50-2.49 = Not Important; 2.50-3.49 = Generally Important; 3.50-4.49 = More Important; 4.50-5.00 = Very Important

Table 5 presents a summary of respondents' perceived needs across three domains. All categories were rated as "More Important" (mean scores ranging from 3.60 to 3.70), reflecting the high priority older adults place on holistic support. Among these, psychological and emotional needs received the highest mean score (3.70), ranking first, followed closely by physical needs (3.68, rank 2) and social needs (3.60, rank 3).

Although the differences in mean scores are modest, the slightly higher emphasis on psychological and emotional well-being underscores its foundational role in overall quality of life—particularly among older adults managing chronic conditions and age-related transitions. Unmet emotional or mental health needs may indirectly affect physical functioning and social engagement; thus, integrated care approaches that address these dimensions in tandem are essential for promoting healthy aging.

4.4. What is the state of health of the respondents physically and mentally?

Respondents' physical and mental health status is summarized in Table 6. The overall weighted mean score of 3.155 falls within the "General" range (2.50–3.49), suggesting a moderate to positive self-perception of health among participants despite their advanced age.

In terms of physical health, respondents generally reported favorable conditions. They indicated stable vital indicators such as blood pressure and blood glucose (mean = 3.8, "Agree"), the ability to move around and exercise normally (3.5, "Agree"), absence of bodily pain (3.5, "Agree"), and no need for hospital readmission over the past three months (3.6, "Agree"). These findings suggest good adherence to medical regimens and effective management of chronic conditions.

Table 6. Respondents physical and mental health status

Physical Health Status	Weighted Mean	Verbal Description
I did not need a readmission for nearly 3 months	3.6	Agree
Blood pressure, blood glucose and other indexes were stable	3.8	Agree
I can move around and exercise normally	3.5	Agree
I have no pain in my body	3.5	Agree

Table 6. Continued

Mental Health Status	Weighted Mean	Verbal Description
I am troubled by some little things	3.9	Agree
I have had great difficulty concentrating on doing things	2.5	General
I feel depressed	2.2	Disagree
I think it is very hard to do anything	2.0	Disagree
I have great hope for the future	3.6	Agree
I am afraid	2.4	Disagree
I don't sleep very well	2.5	General
I am very happy	3.9	Agree
I feel lonely	2.0	Disagree
I don't Think I could go on with my life.	2.1	Disagree
Over all Mean	3.155	General

Legend:1.00-1.49 = Very Disagree; 1.50-2.49 = Disagree; 2.50-3.49 =General; 3.50-4.49 = Agree; 4.50-5.00 = Very Agree

Regarding mental health, responses revealed a largely positive outlook. Most respondents expressed happiness (3.9, "Agree") and strong hope for the future (3.6, "Agree"). Importantly, they disagreed with statements reflecting psychological distress—such as feeling depressed (2.2), thinking life is unbearable (2.1), feeling lonely (2.0), or believing it is very hard to do anything (2.0)—all scoring below 2.5 ("Disagree"). This indicates low levels of depression, hopelessness, and social isolation.

However, two items received "General" ratings: difficulty concentrating (2.5) and poor sleep quality (2.5), suggesting these may be mild or occasional challenges. Additionally, while respondents acknowledged being "troubled by little things" (3.9, "Agree"), this did not appear to undermine their overall emotional well-being or optimism.

Taken together, these results reflect a resilient mental health profile and relatively good physical functioning among older adult respondents.

4.5. How able are the respondents in performing their activities of daily living?

Respondents' ability to perform basic Activities of Daily Living (ADLs) is presented in Table 7. The overall weighted mean score of 3.586 falls within the range of 3.50–4.49, corresponding to the verbal descriptor "A Little Help", indicating that, on average, older adults in the sample are largely independent in their daily functioning. Among the 14 listed ADLs, respondents reported needing "Sometimes Need Help" (mean scores between 2.50 and 3.49) in only three activities: preparing food (3.1), washing clothes (3.4), and bathing (3.4). These tasks typically demand greater physical effort, mobility, and stamina, which may be more challenging with advancing age.

In contrast, for the remaining 11 activities, respondents scored at or above 3.5, falling into the "A Little Help" category. This suggests that despite their advanced age, most participants retain a high level of autonomy in performing routine daily tasks.

Table 7. Activities of Daily Living (ADLS)

Activities of Daily Living	Weighted Mean	Verbal Description
Use public vehicles	3.6	A Little Help
Walk	3.7	A Little Help
Do food	3.1	Sometimes Need Help
Do housework	3.6	A Little Help
Take Medicine	3.8	A Little Help
Eat	3.6	A Little Help
Dress	3.5	A Little Help
Brush your hair, brush your teeth, etc	3.6	A Little Help
Wash clothes	3.4	Sometimes Need Help
Bathe	3.4	Sometimes Need Help
Shopping	4.0	A Little Help
Go to the Toilet regularly	3.5	A Little Help
Phone	3.5	A Little Help
Deal with your own money	3.9	A Little Help
Over all Mean	3.586	A Little Help

Legend: 1.00-1.49 = Full Need; 1.50-2.49 = A Lot of Need; 2.50-3.49 = Sometimes Need Help; 3.50-4.49 = A Little Help; 4.50-5.00 = No Help At All

5. Conclusion and finding

This study demonstrates that integrated nursing interventions significantly address the unmet physical health needs of long-term bedridden older adults with chronic diseases. Compared to baseline, the experimental group showed marked improvements in physical health need scores following the intervention, particularly in pneumonia prevention (e.g., respiratory care, oral hygiene), pressure injury risk management (e.g., repositioning, skin monitoring), nutritional support, medication adherence, and routine health surveillance—confirming that structured nursing care effectively mitigates preventable complications in this vulnerable population.

The findings reveal a substantial positive impact of nursing intervention on psychological and emotional well-being among bedridden elderly patients. Post-intervention assessments showed significantly higher satisfaction with emotional support, reduced feelings of helplessness, and enhanced mood stability in the experimental group. This underscores the critical role of person-centered communication, active listening, and empathetic engagement in alleviating depression and anxiety—key mental health challenges highlighted in the introduction as prevalent yet under-addressed in home-based care.

Nursing intervention significantly improved the fulfillment of social needs among participants, particularly in overcoming isolation associated with prolonged immobility. After the intervention, the experimental group reported better access to telehealth services, community-based drug delivery, and age-friendly environmental adaptations (e.g., barrier-free home modifications). These enhancements facilitated greater social connectivity and autonomy, directly addressing the social disengagement identified in the introduction as a core consequence of long-term bed confinement.

Objective physical health outcomes also improved markedly post-intervention. The experimental group exhibited greater stability in vital signs, reduced hospital readmission rates, and enhanced capacity for basic mobility and self-care activities. These results provide empirical support for the hypothesis—raised in the introduction—that tailored, holistic nursing can stabilize physiological function and reduce acute exacerbations among chronically ill, bedbound older adults in community settings.

Activities of Daily Living (ADL) performance significantly increased following the intervention. Participants demonstrated improved ability in personal hygiene, meal preparation, ambulation (with assistive devices), and use of community resources such as public transportation. This functional gain not only reduces caregiver burden but also restores a sense of dignity and independence—validating the introduction's assertion that ADL decline is both a cause and consequence of poor long-term outcomes in this population.

Finally, comprehensive nursing care led to measurable improvements in mental health status, including reduced anxiety symptoms, better emotional regulation, and higher life satisfaction. These psychological gains were closely linked to consistent caregiver presence, structured daily routines, and opportunities for meaningful interaction—factors emphasized in the introduction as essential yet often missing components of current community care models for bedridden elders.

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