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ANALYSIS OF MENTAL NURSING CARE IN SCHIZOPHRENIC PATIENTS WITH THE APPLICATION OF OCCUPATIONAL THERAPY (SPARE TIME) TO OVERCOME LOW SELF-ESTEEM

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Abstract

Introduction: People with low self-esteem usually judge themselves negatively, feel guilty, feel useless, and feel insignificant. If this is not handled properly and quickly it will cause problems such as committing suicide, injuring others, and damaging the environment.

Objective: The purpose of this study is to describe the analysis of nursing care in schizophrenic patients with the application of occupational therapy (free time) to overcome the problem of low self-esteem at Menur Hospital in Surabaya.

Methods: The case study design with the subject Mrs. D with low self-esteem problems, was carried out 2 times in occupational therapy (free time) for 30 minutes in 2 days. Data collection techniques were used through direct observation and interviews using mental nursing care sheets. Before and after the application of occupational therapy, an assessment was carried out through direct observation and interviews.

Results: The results of the evaluation after occupational therapy showed that there was a decrease in signs and symptoms of low self-esteem and an increase in the ability to increase self-esteem, such as increasing positive self-assessment, feeling worthless, and feelings of being unable to do anything decreased.

Conclusions: This case study shows that leisure occupational therapy (flower arranging) can reduce signs and symptoms of low self-esteem. The conclusion from this study is that the application of leisure time occupational therapy can be used to overcome low self-esteem in schizophrenic patients. The role of the nurse is to provide nursing care and education to the patient's family about occupational therapy in their spare time.

INTRODUCTION

Self-acceptance is crucial for elderly individuals, particularly those suffering from chronic illnesses such as Diabetes Mellitus. This study explores how Positive Psychotherapy can enhance self-acceptance in elderly patients. Previous research indicates that psychological interventions contribute

positively to mental health and well-being, but limited studies have focused specifically on this demographic. The objective of this research is to bridge this gap by providing empirical evidence on the benefits of Positive Psychotherapy.

Low self-esteem is a negative self-assessment and is associated with feelings of weakness, helplessness, hopelessness, fear, vulnerability, fragility, and worthlessness (Rokhimmah & Rahayu, 2020). People with low self-esteem usually judge themselves negatively, feel guilty, feel useless, and feel insignificant. This disrupts self-concept so that there is a lack of patient acceptance in the environment and therefore requires special treatment (Atmojo & Purbaningrum, 2021). Based on the results of the study on patients in the flamboyant room of Menur Hospital in Surabaya, it was found that patients with low self-esteem problems stated that they felt worthless, felt useless, sometimes had difficulty sleeping and lack of eye contact, this was caused by several factors including repeated failures, lack of recognition from other people. another and quit the drug.

The prevalence of mental health problems is currently quite high, based on data from the Ministry of Health's Riskesdas (2018), showing the prevalence of mental disorders with low self-esteem nursing problems in Indonesia is 6.7%. The highest prevalence was in DI Yogyakarta and Bali as much as 10.4% and 11.1%, while East Java was ranked 20th with a total of 6.4%. Based on the results of observations made by researchers in the Flamboyan room of the Menur Hospital Surabaya, it was found that 48 patients with low self-esteem nursing problems (18.6%), and other nursing problems such as hallucinations 62 people (24.1%), nursing deficits 52 people (20.1%) self-esteem, 17 people (6.6%) delusions, 37 people (14.3%) risk of violent behavior, 23 people (8.9%) social isolation, and 23 people (8.9%) risk of suicide 19 people (7.4%) from the last 5 months, namely August to December 2022. Based on these data, it can be concluded that the problem of low self-esteem occupies the third position most suffered by patients in the flamboyant room of the Menur Hospital Surabaya.

Two factors influence low self-esteem, namely predisposing factors and precipitation factors. Predisposing/supporting factors are sources of stress that influence individuals to deal with life pressures such as unrealistic parental rejection, repeated failures, lack of personal responsibility, dependence on others, and unrealistic self-ideals (Kinasih et al., 2020). The precipitating/triggering factor is a stimulus that comes from internal and external which includes the time and number of stressors experienced including psychological, social, and biological disorders (Sutejo, 2022).

Low self-esteem if you don't get good and fast treatment will cause problems such as committing suicide (*suicide*), killing others (*homicide*), and even damaging the environment (Atmojo & Purbaningrum, 2021). In this condition, if proper intervention is not carried out, it can cause the patient to not want to associate with other people (withdrawal), which causes the patient to be absorbed in the world and his thoughts so that the risk of violence and even suicide can arise (Kinasih et al., 2020).

Nursing actions that are usually performed on patients with low self-esteem in the Flamboyan Room are communication implementation standards (SP) coupled with free time occupational therapy (flower arranging), nursing actions taken are discussing positive aspects and abilities that patients have

had and still have, help patients assess positive aspects or abilities that are still possessed and can be used, help clients choose positive aspects or abilities to be trained, practice positive aspects or abilities selected with positive motivation, give praise for every activity well done, facilitate patient telling stories about its success, help patients make exercise schedules to cultivate it, help patients assess the benefits of the exercises carried out (Keliat, B.A., et al, 2019).

Administration of occupational therapy can help patients develop coping mechanisms in solving problems related to an unpleasant past. Patients are trained to identify abilities that can still be used which can increase their self-esteem so that they will not experience obstacles in social relations (Rokhimmah & Rahayu, 2020). The aim is to form a person to be independent, not dependent on other people, to help stimulate patients through activities that patients enjoy (Hidayat et al., 2020).

In the research by Rokhimmah (2020) & Kinasih (2020), it was found that free time occupational therapy can reduce signs and symptoms in patients with low self-esteem. The final result found a decrease in the first patient by 73% and in the second patient by 91%, the implementation of this therapy also required the involvement of the family as a companion for the patient's activities while being carried out at home. In Schizophrenic Patients with The Application of Occupational Therapy (Spare Time) To Overcome Low Self-Esteem At Menur Hospital Surabaya". To describe psychiatric nursing care in schizophrenic patients with the application of occupational therapy (free time) to overcome low self-esteem at Menur Hospital in Surabaya.

METHODS

Study Design

This analysis uses a case study design that describes case management in applying case studies using a nursing care process approach.

Settings

The location for this nursing care analysis was carried out in the Flamboyan room of the Menur Hospital Surabaya, held on December 17 and 19 2022, the application of occupational therapy was carried out for 2 meetings with a duration of 30 minutes.

Research subject

The research subject in this nursing care analysis was Mrs.D, a patient with a nursing problem of low self-esteem who was treated at Menur Hospital in Surabaya.

Instruments

Data collection began with an assessment conducted by researchers on patients and patient medical records by means of interviews and observations.

Data collection

After the data was collected, researchers began implementing an implementation strategy with innovative flower arranging occupational therapy in patients with low self-esteem nursing problems at Menur Hospital, Surabaya.

Data Analysis

The research employed qualitative methods for data analysis, including in-depth interviews, patient observations, and documentation of medical records.

Ethical Consideration

This research has obtained implementation permits from Universitas Nahdlatul Ulama Surabaya and Menur Hospital, Surabaya.

RESULTS

1. Assessment

The results of the study found that Ny.D was 38 years old, female, one of the inpatients in the flamboyant room of the Menur Hospital Surabaya, the patient is a single parent who has 1 son. The patient is a high school graduate and is not working. Ny.D lives with his father and son, Ny.D is Muslim and said that previously Mrs.D had experienced being admitted to an asylum because she was angry and didn't take medicine regularly. The reason for entering at this time was that Mrs. D said she was angry because she felt abandoned by her family, felt unloved by her family, and was often compared to other siblings. During the study the patient said he felt ashamed because he was not working and was still being supported by his father, he often cried, felt guilty for being angry at his father, and was insecure because he was toothless, no one in the family had the same disease as Mrs.D.

On physical examination, Ny.D obtained results of consciousness *compos mentis* with GCS = E:4, V:5, M:6 (total: 15), examination of vital signs BP: 125/73 mmHg, N: 78x/minute, S: 36.3^{0}C, RR: 20x/minute, SpO_2: 99% of measurements TB: 150cm, BB: 54kg, no physical complaints. In the psychosocial self-concept assessment, a self-image was obtained: the patient said he liked his limbs, namely his eyes, and eyebrows, but did not like his feet because they were often cracked and affected by athlete's foot, also did not like his teeth because they were toothless. On identity: the patient says the patient is the child of his father and the mother of his child. On the roles: the patient says the patient is being a child and a mother. On the ideal self: the patient says he wants to go home, because he misses his father and son, and wants to apologize to his father for being angry. On self-esteem: the patient feels that his family does not love him and makes him a victim, the patient feels that he is not good at doing anything, does not work, and feels ashamed because he is only a burden on his parents, the patient feels insecure because of his toothless teeth. In the psychosocial assessment of social relations, it was found that the person who mattered to the patient was his father. Participation in group and community activities found that the patient had never participated in activities organized by the community, the patient preferred to be at home, barriers to relationships with other people: the patient said he had no barriers in relating when asked to talk to roommates, the patient responded. For spiritual activities, patients say they often recite the Koran after prayer.

On the assessment of mental status, the patient's appearance looks neat, hair in pigtails, clean clothes, and after bathing. Normal patient speech is not slow and not fast, the patient's motor activity is normal, and the patient's natural feelings are sad because he feels worthless and only bothers his father, when interacting with eye contact the patient more or less often looks down and sometimes cries, lacks initiative and is passive, during the interview the patient is not showing symptoms of hallucinations, and answers as expected, no disturbance of thought content. The patient can distinguish the time of day/night, the patient knows where the bathroom, dining room, and bed are, the patient knows who is talking to him, there is no memory disorder, the patient can do simple arithmetic, complete the addition correctly, can count, read and write, the patient can assess and make decisions which should take precedence to bathe or eat.

In the assessment of the need to go home, it was found that the patient can meet the needs of food, clothing, transportation, security, money, health care, and shelter because he lives with his parents. Patients can carry out self-care such as bathing, defecating, eating, changing clothes, and cleaning independently. In terms of nutritional needs, the patient eats 3x a day and snacks 1x a day and does not undergo a special diet. On sleep patterns, the patient said it was difficult to sleep insomnia, often thinking about things to worry about at night. Patients have a support system, namely family, colleagues, and professionals/therapists.

2. Data Analysis

Subjective data obtained from the results of the study were that the patient said he was angry because he felt abandoned by his family, felt unloved by his family, and was often compared to other siblings. During the assessment, the patient said he felt ashamed because he was not working and was still being funded by his father, he often cried, felt guilty for being angry at his father, and felt insecure because of his toothless teeth. Patients also say they have difficulty sleeping because they often think about things at night.

The objective data obtained from the results of the study were that when interacting with eye contact, the patient often looked down and sometimes cried, lacked initiative, and was passive. Vital signs = BP: 125/73 mmHg, N: 78x/minute, S: 36.3^{0}C, RR: 20x/minute, SpO_2: 99%.

3. Nursing Diagnoses

From the data analysis, it was found that the diagnosis was low self-esteem associated with repeated negative reinforcement as evidenced by feeling unloved, feeling ashamed for not working, feeling guilty, difficulty sleeping, lack of eye contact, passivity, and often looking down.

4. Intervention

The nursing intervention used is the Standard Implementation of Communication (SP) for Low Self-Esteem Patients including discussing positive aspects and abilities that patients have and still have, helping patients assess positive aspects or abilities that they still have and can use, helping clients choose positive aspects or abilities that will be trained, practice the positive aspects or abilities chosen with positive motivation, give praise for every activity well done, facilitate the

patient to tell about his success, help the patient make a training schedule to cultivate, help the patient assess the benefits of the exercise carried out (Keliat, B.A., et al, 2019), which is also coupled with leisure occupational therapy (flower arrangement).

After 2 x 30 minutes of occupational therapy, it is expected that: 1) Decreased signs and symptoms of low self-esteem; and 2) Increased ability to increase self-esteem

5. Implementation

Implementation is carried out for 2 days within 30 minutes of each meeting. At the first meeting, the SP implementation was carried out, namely discussing the positive aspects and abilities that the patient had and still has, helping the patient assess the positive aspects or abilities that they still have and can use, helping the patient choose the positive aspects or abilities to be trained, practicing positive aspects or abilities that selected with positive motivation, help patients make exercise schedules to cultivate. At this stage, the patient wants to get acquainted and tell himself, but the patient's eye contact during interaction is still lacking.

At the second meeting, the implementation continued at the point of practicing positive aspects or abilities that were selected with positive motivation, helping patients make a training schedule to cultivate. At this stage, occupational therapy is carried out in free time, training the patient to carry out the selected activity, namely flower arrangement.

Before doing occupational flower arranging leisure time therapy, the author provides information to patients that they will perform occupational therapy according to the SOP given, then explains the purpose and procedure of flower arranging leisure time occupational therapy to be applied. These activities will be continued independently by the patient at home.

6. Evaluation

After the nursing actions were carried out, the results showed a decrease in signs and symptoms of low self-esteem and an increase in the ability to increase self-esteem. Evidenced by the results of the evaluation for 2 days after doing occupational therapy in her free time (arranging flowers) the patient said that he enjoyed doing this activity, the results would be given to his father and friends, and the patient looked happier than before and was able to accept his current situation.

DISCUSSION

The application of occupational therapy in free time is carried out for 2x meetings with a time of 30 minutes, namely training patients to carry out the chosen activity, flower arrangement. The application of occupational therapy in leisure time is carried out by the author concerning previous research conducted (Rokhimmah & Rahayu, 2020). At this stage, tools and materials were prepared, namely several types of flowers, masking tape, paper bouquets, scissors, ribbons, and paper glue. Then the patient is guided to carry out flower arrangement activities starting from choosing the type of flower, arranging, and packing. The patient responds that the patient is willing and cooperative in carrying out

flower arranging activities, the patient is happy to have the ability to carry out these activities and the results will be given to his father when he returns home, and given to roommates as a memento.

Occupational therapy is a rehabilitation procedure that in medical terms uses activities that generate manual, creative, recreational, educational, social, and industrial independence to get what is expected of the patient's physical function and mental response (Megasari, et.al., 2022). According to research (Kinasih et al., 2020), the implementation of occupational therapy must be from the will of the patient, without coercion between the patient and the nurse as the executor so that the implementation is conducive and can run as expected. Where the result of implementing occupational therapy in this spare time is an increase in patient self-esteem as a result of carrying out activities that are liked by patients.

After nursing actions, the results showed a decrease in signs and symptoms of low self-esteem and an increase in the ability to increase self-esteem, this is relevant to the research conducted (Rokhimmah & Rahayu, 2020) which stated that patients' self-confidence increased with the new abilities they had and controlled feelings distrust himself. According to the author, there are several ways to overcome low self-esteem, one of which is by applying free time occupational therapy (flower arrangement) where which can be an alternative to training abilities, and creativity and stimulating the patient's five senses, resulting in increased patient confidence.

LIMITATIONS

This study has several limitations that should be considered. The small sample size may limit the generalizability of the findings to a broader population of schizophrenic patients. Additionally, the short observation period makes it difficult to assess the long-term effects of occupational therapy on self-esteem improvement. Since the research was conducted in a single healthcare facility, its applicability to other settings with different patient demographics and care approaches may be restricted. Furthermore, some aspects of data collection relied on subjective assessments from patients and caregivers, which could introduce potential bias. Lastly, the absence of a control group makes it challenging to determine whether the observed improvements were solely due to occupational therapy or influenced by other external factors.

CONCLUSION

The results of the analysis of nursing care for Mrs. D suffering from schizophrenia said she felt unloved, embarrassed, often cried, felt guilty, felt insecure because of her toothless teeth. The patient also reported difficulty sleeping, with a nursing diagnosis of low self-esteem and was given a nursing plan in the form of free time occupational therapy. The intervention given was flower arranging occupational therapy for 2x 30 minutes with the output of decreasing signs and symptoms of low self-esteem and increasing the ability to increase self-esteem as evidenced by the results of evaluation after the occupational free time therapy (flower arranging) was carried out, namely an increase in positive

self-assessment , not feeling ashamed, not feeling guilty, and feeling capable, which means there is a decrease in signs and symptoms of low self-esteem and an increase in the ability to increase self-esteem in Mrs.D.

The results of the analysis of the application of effective free time occupational therapy to overcome the problem of low self-esteem at Menur Hospital in Surabaya.

AUTHOR CONTRIBUTION

Anugrah Lestari: Perform nursing care with the application of free time occupational therapy to overcome low self-esteem.

Khamida: Assist and direct the author in compiling the final scientific work.

Syiddatul Budury: Contribute to the improvement of the final scientific work.

Erika Martining Wardani: Contribute to the improvement of the final scientific work.

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Anugrah Lestari : None.
Khamida : None.
Syiddatul Budury : None.
Erika Martining Wardani : None.

CONFLICT OF INTEREST

There is no conflict of interest in this research.

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