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Maintenance Care at Clients With Low Self-Price That Experiences Defisit of Self-Care: Decorating / Dressed In The Berry Room, Duren Sawit Special Hospital, East Jakarta

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Abstrak

The purpose of this study was to determine nursing care for three respondents (Miss. S, Miss. P and Mrs. R) with self-care deficits, including: assessment, establishing nursing diagnoses, intervention, implementation and evaluation. This research is descriptive with a case study approach, namely by carrying out nursing care for low self-esteem patients starting from assessment, nursing diagnosis, nursing planning, nursing implementation and nursing evaluation and data collection can be carried out for 5 days at the Duren Sawit Regional Special Hospital, Jakarta. East. Data analysis requires further care and collaboration with other medical teams and clients which is indispensable for the success of nursing care. After nursing care results are obtained, the client can build a trusting relationship, the client can recognize the importance of self-care to make up/dress up, the client can make up/dress up with the help of a nurse, the client can make up/dress up independently, the client can maintain make up/dress up independently. independent. The client's nursing problem regarding low self-esteem who has a self-care deficit, basically can be implemented well and most problems can be resolved with the help of the room nurse.

Keywords: Self-Care Deficit; Low Self-Esteem; Nursing care.

Introduction

Mental health is a condition in which an individual can develop physically, mentally, spiritually and socially so that the individual is aware of his own abilities, can cope with pressure, work productively and is able to contribute to his community. Mental health is a condition that allows optimal physical, intellectual and emotional development of a person and that development runs in harmony with the circumstances of others.

Data on the prevalence of mental health problems is currently quite high, 25% of the world's population has suffered from mental health problems, 1% of them are severe mental disorders, sufferers of severe mental disorders have occupied an extraordinary level in 2016, there are 21 million people affected by schizophrenia.

One of the most serious mental disorders is schizophrenia. Schizophrenia is a thought process disorder that causes cracks and divisions between emotions and psychomotor accompanied by distortion of reality in the form of functional psychosis. The primary symptoms of schizophrenia are the initial

symptoms that occur and cause thought process disorders, affective disorders, will disorders, while the secondary symptoms of schizophrenia are delusions and hallucinations, symptoms that arise due to disturbances in the primary symptoms of schizophrenia. Actions that can be taken to reduce mental disorders are to make efforts to increase their views on themselves in the form of individual subjective assessments of themselves.

Data from Riskesdas (2018). shows, the prevalence of schizophrenia/psychosis in Indonesia is 1.8 per 1000 population. That is, from 1,000 residents there are 1.8 people who suffer from Schizophrenia / Psychosis.

People with schizophrenia may have negative beliefs about themselves, the world, and others, such as saying that they are vulnerable and useless and that others cannot be trusted. This can indicate people with schizophrenia have low self-esteem and if it lasts a long time it will become chronic low self-esteem.

Self-care deficit is a situation where experiencing barriers to perform self-care activities, such as bathing, changing clothes, eating and eliminating. Barriers/interference ability to take care of themselves at schizophrenic client caused by cognitive or perceptual disturbances. Several disturbance were experienced by the schizophrenic client such as behavior derangement, perceptive, cognitive disability and it will cause the client can't take care of themselves. Clients can be very preoccupation with delusions or hallucinations idea until they fail for carrying out daily activities.

If self-care deficit is not treated immediately, it will lead to some new problems and worsen. The right treatment to reduce the symptoms of chronic low self-esteem is to take nursing care actions, namely by discussing, assessing, determining, and practicing the abilities and positive aspects of the client, as well as making a schedule in the daily plan.

The purpose of this study was to determine nursing care for three respondents (Mrs. S, Mrs. P and Mrs. R) with self-care deficits, including: assessment, establishing nursing diagnoses, intervention, implementation and evaluation.

Method

This research is descriptive with a case study approach, namely by carrying out nursing care for low self-esteem patients starting from assessment, nursing diagnosis, nursing planning, nursing implementation and nursing evaluation and data collection can be carried out for 5 days at the Duren Sawit Regional Special Hospital, Jakarta. East. Data analysis requires further care and collaboration with other medical teams and clients which is indispensable for the success of nursing care.

Participants were taken as many as 3 patients (participants) with the same medical diagnosis nursing problems, namely Low Self-Esteem with Self-Care Deficits. Data collection by means of direct patient interviews, observations from physical examinations directly to patients with diagnostic results. So that subjective data and objective data are obtained.

Data analysis is carried out by collecting facts, then comparing them with existing theories and pouring them into discussion opinions. Data collection techniques were carried out by means of Interview, Observation and Documentation. The results of the writing are in the form of transcripts (structured notes), which are then grouped into subjective data and objective data. The analysis technique is used by means of observation and study of documentation.

3. Result and Discussion

3.1. Assessment

Assessment is the initial stage of the nursing process which aims to collect data so that problems that occur in clients can be identified. From the results of the assessment on Client 1, the client rages because his desire to audition is not achieved, the client fights with his mother, the client says he likes to hear whispering voices mocking him, the client prefers to lock himself up, the client says he wants to end his life because there is no hope anymore , the client pays less attention to self-care or dressing up. Client complaints while at the Duren Sawit Regional Special Hospital, East Jakarta, namely the client said he rarely combed after bathing, the client rarely made up/adorned after bathing. The client's appearance was not neat, the client's hair looked tangled, the face looked dull and the lips looked pale.

Client 2 several times tried to commit suicide and hurt himself, the client heard whispering voices to tell the client to commit suicide Because his life was no longer useful, the client paid less attention to self-care or dressing up. Client complaints while at the Duren Sawit Regional Special Hospital, East Jakarta, namely the client said he rarely combed after bathing, the client rarely made up/adorned after bathing. The client's appearance was not neat, the client's hair looked tangled, the face looked dull and the lips looked pale.

Client 3 makes noise, is restless talking to himself, drinks soapy water, holds a machete/gun, wants to commit suicide because he is divorced from his husband, the client says he divorced from his husband about 5 months ago, the client says he likes to see the shadows of his dead husband and child , the client pays less attention to self-care or dressing up. looks dull and lips look pale.

This is in accordance with the theory of the definition of a self-care deficit, which is a condition in which a person experiences abnormalities in the ability to perform or complete activities of daily living independently, there is no desire to bathe regularly, do not comb hair, dirty clothes, body odor, bad breath, and untidy appearance, self-care deficit is one of the problems that arise in clients with mental disorders, chronic mental disorders patients often experience indifference to self-care, this situation is a symptom of negative behavior and causes clients to be ostracized both in the family and society (According to Yusuf et al, 2015).

The predisposing factors in the theory are explained that the causes of lack of self-care from the Self-Care Deficit are derived from developmental factors, biological factors, decreased reality ability factors, social factors, but in the case of the three respondents, client 1 The client has never experienced a mental disorder in the past . No previous treatment. The client has never experienced physical abuse, sexual abuse, rejection, criminal acts as a treatment, victim or witness but the client has experienced violence in the family as a victim at the age of 16 years.

The precipitation factor theoretically explains that the causes that may lead to a Self-Care Deficit are lack of decreased motivation, anxiety, fatigue/weakness experienced by individuals, causing individuals to be less able to carry out self-care. Factors that affect personal hygiene: Body Image, Socio-Economic Status, Knowledge, Culture, habits, physical or psychological conditions. The existence of a history of body image behavior, individual images of themselves greatly affect personal hygiene, for example with physical changes so that individuals do not care about their appearance. But in the case of

the Three Respondents on Client 1 and Client and Client 3 it is only caused by the Body Image Factor (individual image) because supporting data is obtained, namely the client is ashamed that he does not have advantages in himself. So that the client does not care about his appearance, client 1 says he is sad and feels hopeless, because he failed to audition. Of the three respondents have the same nursing problem, namely Self-Care Deficit.

In the coping mechanism found similarities between theory and cases where in theory it is found that Low Self-Esteem is characterized by behavior in the form of less spontaneous, apathy (less indifferent to the environment), less radiant facial expressions (sad expression), blunt effect. Not caring for and paying attention to personal hygiene, decreased or absent verbal communication. The client says the maladaptive coping mechanism is the client avoids maladaptive coping mechanisms, if there is a problem the client prefers to avoid. Then there is a maladaptive mechanism, namely avoiding (lazy doing activities). Then there is a maladaptive mechanism, namely avoiding (lazy doing activities).

Sources of coping described in the theory are from: involvement in extensive relationships within family and friends, using creativity to express interpersonal stress such as art, music, or writing, while the case used in the three respondents was on client 1 (Mrs. S) the client's family. Lack of support with desire is a problem for clients with support groups and clients not relating to others. And on client 2 (Mrs. P) If there is a problem, namely the client says he does not have support from his family or in the environment around his house.

The clinical manifestations found in the three respondents never combed, never made up/decorated while at the Special Hospital for the Duren Sawit Region, East Jakarta. The factor that hinders the author in the assessment is that the author cannot validate the data to the client's family, because the identity of the client's family is not clear and during the provision of nursing care none of the client's family visited him.

The factors that support the author in carrying out Nursing Care are that the client is quite cooperative in providing information related to the client's health problems, and supports a complete and systematic assessment format. Alternative problem solving is to work together with room and family nurses in providing support for the three respondents for the three respondents in the Self-Care Deficit by doing personal hygiene, namely by dressing/dressing up properly.

3.2. Nursing diagnoses

The nursing diagnoses contained in the theory are four problems, Self-Care Deficit, Low Self-Esteem, Social Isolation, GPS: Hallucinations, while in the case of the three respondents prioritizing the problem of Self-Care Deficit, the author raised four nursing diagnoses, namely: Self-Care Deficit, Low Self-Esteem, Social isolation, GPS: Hallucinations. Based on the status of the client being lazy to tidy up his clothes, the client said he was lazy to comb, the client said he was embarrassed to make up/dress up, the client looked untidy, the client seemed to only tie his hair after taking a shower.

Theoretically, nursing diagnoses exist for clients with low self-esteem problems who experience a self-care deficit. The data that appears because of the supporting data. Therefore, because the author can prioritize the problem of Self-Care Deficit, it is easy to overcome and reduce the problems that exist in the client to determine the problem tree.

By reason of the problem of Self-Care

Deficit will cause Physical Disorders Because both have the same data such as: never make up/dress up. Therefore, the author can determine nursing diagnoses and cannot find inhibiting factors. Of the three respondents there is a gap in the type of diagnosis, namely in the diagnosis of GSP: Hallucinations. On client 1 and client 2 the author found a diagnosis of GSP: Auditory Hallucinations, while on client 1 the author found a diagnosis of GSP: Visual Hallucinations

The supporting factor in establishing the diagnosis is the existence of supporting sources making it easier for the author to establish a diagnosis. The author in establishing the diagnosis did not find a problem. At this stage the author does not get into trouble.

3.3. Nursing Planning

Nursing planning was prepared when the author conducted a study of three respondents by taking action for 5 days. Where at the planning stage there are three aspects, namely the determination of general goals, specific goals, outcome criteria and nursing plans that can be measured and have a deadline for achieving Nursing Planning according to the conditions and needs of current clients. General goals can be achieved if a series of specific goals can be achieved.

In the third client, the respondent has made a Self-Care Deficit Nursing Intervention, namely the client can build a trusting relationship, the client can recognize the importance of taking care of himself, the client can practice how to maintain self-care, namely dressing/dressing up properly. However, from the Nursing Interventions that have been made, not all Nursing Interventions can be carried out, namely the client does not receive support from the family in Caring for Personal Hygiene.

Based on the time criteria determined by TUK 1 after 1 meeting, TUK II 1x meeting and TUK III 1x meeting, TUK IV and TUK V 1x meeting were achieved according to the time criteria set by the author while for TUK III 1x meeting was not achieved because the client 1 , client 2 and client 3 still feel ashamed to make up/dress up independently during nursing actions.

The inhibiting factors for the author were found to be limited time and the client's family who did not visit. As a solution, the author collaborates with the room nurse to continue the intervention that has not been implemented. While the supporting factors in determining the nursing action plan are the availability of several existing book sources with the client's condition.

The solution in solving the problem is by improving writing skills to explore problems, as well as collaborating with room nurses and colleagues to provide support to clients 1 (Ms. S) and clients 2 (Ms. P) and (Mrs. R) in helping clients practice the method. take care of yourself. And continue the intervention according to the next diagnostic intervention, Low Self-Esteem, Social Isolation, GPS: Hallucinations.

3.4. Nursing Practice

In the nursing action stage the author carries out nursing actions on client 1 (Ms. S) and client 2 (Ms. P) and client 3 (Mrs. R) which refers to nursing interventions that have been previously determined, based on theories and cases with conditions and needs client. Of the four diagnoses found in the case, what can be implemented is the first diagnosis, namely self-care deficit, implementation is carried out on diagnosis one, namely self-care deficit, to implementation strategy (SP). It was carried out 5 days, namely on the first day an assessment and building a trusting relationship was carried out, the second day explained how to make up/dress up properly and correctly and the third day taught how to

make up/dress up correctly, on the fourth and fifth days observing clients.

In five days of development of client 1, client 2 and client 3 on the first day the client was cooperative in providing information to achieve the assessment, the client was able to build a trusting relationship, the second day the client was able to explain how to make up/dress up properly and correctly, on the third day the author taught how to make up/dress up properly, the author made observations and the results were that client 1, client 2 and client 3 were unable to perform the steps according to SOAP made by the author. On the fourth day the author observed client 1, client 2 and client 3 as a result, the client was able to recognize tools and the client began to be able to practice how to make up/dress up according to the steps according to SOAP, on the fifth day the author evaluated client 1, client 2 and client 3. As a result, clients can get to know the tools and clients are able to practice how to make up/dress up correctly independently.

Then there are three specific goals, namely: the first TUK the client can build a trusting relationship, while the actions are to give therapeutic greetings, introduce oneself politely, ask the client's full name and preferred nickname, explain the purpose of the meeting and ask the cause of the client being admitted to a mental hospital, TUK both clients can carry out self-care with the help of nurses. Third TUK Client can carry out self-care independently.

The inhibiting factor for the author is not being able to plan the next SP 3. Due to time constraints on the action plan when setting goals and due to time constraints it could not be implemented.

3.5. Nursing Evaluation

Evaluation is the last stage of nursing care with the aim of being feedback from the nursing plan and implementing actions in the evaluation, the actions that have been taken are then documented in the nursing notes. In the case of client 1 and client 2 Ms. S, client 2 Ms. P And client 3 Mrs. R is in accordance with the objectives, the intervention that has been carried out on June 24 – 28, 2019 is the first diagnosis for the first special purpose of the Self-Care Deficit. Building a Trusting Relationship with the first specific goal can be achieved in four meetings. In nursing diagnoses, Self-Care Deficit, Low Self-Esteem, Social Isolation, GPS Risk: Hallucinations cannot be done because the authors prioritize the first diagnosis, so that further evaluation is carried out on the room nurse.

The inhibiting factor was found from the three respondents. On the client 1 Ms. S, client 2 Ms. P and Client 3 Mrs. There are obstacles the client looks restless and the client gets bored easily when taught how to make up/dress up properly, the client is unable to concentrate, which is caused by feeling embarrassed to be seen by people. However, on the third day, Client 1, Client 2 and Client 3 began to be able to understand and always focus on when the nurse taught how to make up/dress up properly so that on the fourth and fifth day the act of dressing/dressing up correctly independently was achieved. In addition, other inhibiting factors are the absence of the client's family visiting and limited time to evaluate the action.

Meanwhile, the supporting factor is the client's willingness to express feelings after interacting with the nurse and the client can do what has been taught by the author to practice how to maintain self-care by decorating/dressing up properly. Sources of theory used in conducting the analysis can be in the form of theories that already exist in textbooks, or approaches with Scientific Journals. Although there are insignificant differences with existing journals, the

journals are quite supportive in the author of this scientific paper, the journal can be used as a reference for discussion in the completion of scientific papers, in the journal discussing events that exist in the community directly about discussing existing mental disorders. in society.

Conclusion

The nursing evaluation achieved from the results of the implementation of the Three Respondents on client 1 (Miss. S) and client 2 (Miss. P) and client 3 (Mrs. R) is that the client can build a trusting relationship, the client can carry out self-care independently . On the third day, Client 1, Client 2 and Client 3 are able to understand and always focus on when the nurse teaches how to make up/dress up properly so that on the fourth and fifth days, the act of dressing/dressing up correctly is achieved independently.

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