Implementation of Positive Aspect Ability to Improve Self-Actualization for Low Self-Esteem Patient

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Submitted: 2 September 2022, Revised: 19 October 2022, Accepted: 2 November 2022,
Published: 2 December 2022 DOI: doi.org/10.56359/gj.v3i2.122
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ABSTRACT

Objective: To present care with the intervention of applying positive aspects of ability to increase self-actualization for patients with low self-esteem.

Methods: This case study design with a nursing care approach which includes assessment, determining diagnoses, nursing plans, nursing actions and nursing evaluations. In this case study the method used is descriptive analytic. The subject of this case study is 1 client with low self-esteem in the Tanjung BLUD Room, Banjar City General Hospital. With data collection techniques include interviews, observation and documentation studies.

Results: The results of nursing care, it was found that subjective data was rejected by a woman, often locked herself at home because she felt ashamed and was often ridiculed by her friends, patients did not participate in activities in the community. And the objective data are low and weak voices, speech is not audible, the patient looks restless, confused and looks sad, the patient sometimes seems to be talking to himself, his eyesight is lacking, eye contact is lacking, the patient looks a little lowered and his concentration is easily distracted. There are nursing problems found, namely low self-esteem. So that the intervention given is the application of positive aspects of ability.

Conclusion: The intervention of applying positive aspects of ability is proven to be effective in increasing self-actualization of patients with low self-esteem. As long as the recommended action is the patient is cooperative.

Keywords: self-actualization, low self-confidence, positive aspects
Introduction

World Health Organization (WHO) in 2019, the number of people with mental disorders in the world is around 450 million people, most of whom have schizophrenia with a prevalence of 20 million people (Putra & Sukmonowati, 2021). There is an increase in the prevalence of schizophrenia in 2021 to 26 million people (Zebua, 2022). Based on Basic Research (Riskesdas 2018), it is stated that in Indonesia the prevalence of schizophrenia increased from 1.7% to 7%, and North Sumatra from 1.2% to 6%, the prevalence of schizophrenia in Indonesia was 6.7% and the prevalence in West Java was 5% (Mufid, 2018). So that the province of North Sumatra is ranked 21st for people with schizophrenia, Schizophrenia is one of the chronic mental disorders (Handayani, 2020).

Schizophrenia is a mental disorder characterized by impaired communication, realistic, cognitive dysfunction and difficulty in activities (Manoach & Stickgold, 2019). Symptoms of schizophrenia are primary and secondary. Primary symptoms include disturbances in thought processes, affect and emotions, volition and psychomotor (Walther et al., 2019). Secondary disorders include delusions and hallucinations, but one of the negative symptoms of schizophrenia is low self-esteem (Mehl et al., 2018).

Low self-esteem is a condition where individuals have negative thoughts about themselves, which can lead to loss of self-confidence, lack of fulfillment of determination, worthlessness and hopelessness (Boham et al., n.d.). This leads to emptiness, separation from others, ongoing depression and anxiety (Miller et al., 2020).

With low self-esteem, a person is exposed to negative moods and thoughts about the past so that he is prone to depression. In addition, the lower a person's self-esteem, the higher the risk of personality disorders (Obeid et al., 2020). Low self-esteem is one of the maladaptive reactions in the range of neurobiological responses (Kun et al., 2020). High self-esteem requires adjustment and adaptive range responses. Where the individual's ability to solve the problems encountered can increase self-actualization (Tripathi, 2018).

Self-actualization is a positive expression of self-concept in the context of a successful and acceptable reality experience (Shapovalov & Kolpachnikov, 2022). There are factors that can cause low self-esteem, including parental rejection, unattainable desires and goals, unrealistic expectations and low personal responsibility, job demands, influencing culture, pressure caused by the closest people, for example parents who are less self-confidence, negative assessment of the client's environment, low socioeconomic status, trauma such as psychosocial or life-threatening threats, and roles that do not satisfy individuals in certain positions (Ramhit, 2019).

The influence of low self-esteem can interfere with the fulfillment of basic needs, such as the need to socialize with the environment. If the problem is not resolved immediately, new problems will arise (Huber & Helm, 2020). Therefore, a nursing approach is needed to increase the client's self-confidence. Specifically, through general nursing interventions: implementation strategies (SP), actions focus on building trust, discussing skills and positive aspects of the client, helping clients assess usable skills, practicing selected skills, and planning further activities (Sutria, 2020).

By applying the skills of the client's positive aspects, the client is expected to be able to see himself as useful so that he can change negative thoughts into positive ones towards the client. Therefore, success and ability to carry out activities or actions can provide a positive side for the client, so that it can increase the patient's self-esteem (Aprilianto et al., 2021). In addition to the implementation strategies above, positive family support is needed and even becomes the
main key in the healing process of clients with mental disorders (Vieta et al., 2020). The support provided by the family includes emotional support, assessment, informative and instrumental house (Rahma & Rahayu, 2018). Based on the above background, the authors are interested in making a case study with the application of the ability of positive aspects to increase self-actualization of patients with low self-esteem.

**Objective**

To present care with the intervention of applying positive aspects of ability to increase self-actualization for patients with low self-esteem.

**Method**

The design used is a case study design with a nursing care approach which includes assessment, determining diagnoses, nursing plans, nursing actions and nursing evaluations. In this case study using analytical descriptive method with the main objective of investigating the problem, providing an overview of the case study and providing a deeper analysis of nursing care with the intervention of applying positive aspects of ability to increase self-actualization of low self-esteem patients.

This case study was conducted on patients with low self-esteem at the BLUD of Banjar City General Hospital, Ruang Tanjung for 4 days from 25-30 May 2022. Before taking action, the author explained the intervention to be implemented. After being given an explanation, the client is willing to be given intervention. However, before being given an intervention, the authors comprehensively review the client to determine whether the client needs to be given intervention or not.

**Results**

**Nursing Assessment**

The results of the study obtained data that Mr. D's client was 21 years old, a male muslim, unmarried, unemployed, had a vocational education and resided in Kaso RT 07/RW 03, Bojongmalang district. Cimaragas with a medical diagnosis of low self-esteem. All information is obtained from the client and family. When an assessment was conducted on May 25, 2022, the patient said that he was taken to the hospital because of a tantrum and the patient said that he had been rejected by a woman, the patient said he felt lonely, the patient often locked himself up at home because his friends often mocked him so that the patient felt lonely. The family said that before going to the hospital the client was angry and angry and even had to be tied up by his family for fear of hurting local residents. The client's family said this was the first time the client was brought to the BLUD of the Banjar City RSU, Tanjung Room, the client had never been treated at another hospital and had no genetic disease.

**Nursing Diagnosis**

Diagnosis is taken based on the results of data analysis.

<table>
<thead>
<tr>
<th>No</th>
<th>Symptom</th>
<th>Etiologi</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The patient said he was rejected by a woman.</td>
<td>Ineffective</td>
<td>Impaired self-concept: low</td>
</tr>
<tr>
<td>2.</td>
<td>The patient is angry and has a tantrum.</td>
<td>individual</td>
<td>self-esteem</td>
</tr>
</tbody>
</table>

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3. The patient said that he often shut himself at home because he felt ashamed and was often ridiculed by his friends.
4. Patients are less involved in activities in the community.

DO:
1. The tone of voice is low and weak.
2. The conversation is less audible.
3. The patient looks restless, confused and looks sad.
4. Patients sometimes seem to talk to themselves.
5. Poor eyesight, less eye contact.
6. The patient looks down slightly.
7. Concentration is easily diverted.

Based on the analysis of the data above, it was found that the problems that may arise are:

- Social Isolation: Withdrawing
- Self-Concept Disorder: Low Self-Esteem
- Ineffective Individual Coping

Figure 1. Problem Tree (Febrina, 2018)

Based on the problem tree, it is known that the core problem is self-concept disorder: low self-esteem caused by ineffective individual coping which results in social isolation: withdrawal.

Nursing Intervenion, Implementation and evaluation

Tabel 2. Intervensi, implementation and evaluation

<table>
<thead>
<tr>
<th>No</th>
<th>Nursing diagnoses</th>
<th>Nursing Intervention</th>
<th>Action</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Low self esteem</td>
<td>1. Build trust in patients with therapeutic principles: - Greet the patient both</td>
<td>Conducted</td>
<td>Evaluation results on clients: S: The patient answers greetings and introduces himself, and is able to identify the abilities and...</td>
</tr>
</tbody>
</table>
verbally and non-verbally.
- Introduce yourself well.
- Ask the patient's identity and nickname
- Tell the purpose of the meeting.
- Keeping promises.
- Give empathy to the patient.
- Give attention and pay attention to basic needs.

2. Discuss with the patient about their abilities
3. Give a realistic assessment and add suggestions, avoid negative judgments. Determine or select the skills to be used.
4. Practice the selected skills.
5. Plan the next activity.
6. Provide health education to families on how to treat patients with low self-esteem. Help families prepare for their home environment.

positive aspects of the patient, the patient performs the positive skills possessed by the patient saying he feels happy when he is given praise.
O:
The patient looks happy and looks enthusiastic when given a compliment/assessment, speaks in a low and weak tone, but lacks eye contact, the conversation is not audible, the patient looks down slightly.
A:
Problem partially resolved
P:
Continue intervention 3, 4, 5, 6

Evaluation results in the family:
S:
The patient's family said they had understood what had been explained and the family said they would find the patient busy after being discharged from the hospital.
O:
The patient's family seemed to understand what had been explained, and seemed to think about finding a job for the patient.
A: Problem partially resolved
P: Intervention discontinued
Discussion

After nursing care was carried out on Mr. D aged 21 years with a diagnosis of low self-esteem at the BLUD RSU Banjar City for 4 days from May 25-30 2022. At the time of conducting a cooperative patient assessment it made it easier to take action. Through the stages of the nursing process including assessment, nursing diagnosis, planning, implementation and evaluation. Researchers focused on applying the ability of positive aspects to increase self-actualization of patients with low self-esteem.

The first stage is the assessment, the authors collect data by approaching the client, family and accompanied by the aims and objectives to be given. Based on the results of the assessment on May 25, 2022 at 09.00. At the time of the study, subjective data was found, the patient said that he was rejected by a woman, often locked himself at home because he felt ashamed and was often ridiculed by his friends, the patient did not participate in activities in the community. The objective data are low and weak tone of voice, speech is not audible, the patient looks restless, confused and looks sad, the patient sometimes seems to be talking to himself, lacks vision, lacks eye contact, the patient looks a little down and concentration is easily diverted.

The second stage is determining the diagnosis which is carried out after collecting assessment data on Mrs. D after finding empirical data as a result of the finding of low self-esteem problems supported by subjective data from patients, namely the patient is angry and tantrums, the patient is rejected by a woman, the patient said that he often shut himself up at home because he felt ashamed and was often ridiculed by his friends, the patient did not participate in activities in the community and the objective data were low and weak voices, less audible speech, the patient looked restless, confused and looked sad, the patient sometimes appeared talking to himself, poor eyesight, poor eye contact, the patient looks down slightly and concentration is easily diverted. In the analysis of the data above from subjective and objective data in this case, diagnoses that may arise include ineffective individual coping, social isolation: withdrawal and low self-esteem (Alaimo et al., 2020). So that the diagnosis of low self-esteem is made a top priority because the most threatening conditions often dominate empirical data and require immediate treatment.

The third stage is to determine a nursing plan based on the empirical data on Mr. D, the priority problem that must be addressed is low self-esteem. That the action plan is based on the

7. Practice the selected skills. Conducted
8. Plan the next activity.
patient's condition, the nursing action plan is based on Syafitri's 2019 theory which states that there are 4 implementation strategies in increasing the patient's self-actualization (1) Identifying abilities and positive aspects possessed. (2) Assess the capabilities that can be used, (3) determine/select the activities that have been selected (4) plan further activities. So that the focus action taken is by applying the ability of positive aspects to increase self-actualization of patients with low self-esteem.

The fourth stage is the implementation of nursing by providing nursing care by applying positive aspects of the ability and assessing the abilities of the patient by giving praise and advice and avoiding negative assessments, besides that support from family and the environment is needed in the healing process of patients with low self-esteem. Nursing actions can be carried out if supported by the condition of the patient, family, facilities and infrastructure. All action plans have been carried out.

The fifth stage, namely evaluation, is the final stage of nursing care to evaluate the actions that have been taken. After performing nursing actions on May 25, 2022, the results were not complete. To achieve the goal of nursing care in patients with low self-esteem has not been achieved, because nursing care takes a long time and requires consistent action, either with medical therapy or nurses. Meanwhile, after monitoring the progress notes from 27-30 May 2022, the results obtained by applying the positive aspect ability during the 4 day meeting the patient said he was happy and the patient said he would continue to improve his positive aspect ability.

Conclusion

After the author provides nursing care to Mr. D with low self-esteem problems in the Tanjung BLUD Room at the Banjar City General Hospital on 25-30 May 2022, the authors conclude that the application of positive aspects of ability has proven to be effective in increasing self-actualization of low self-esteem patients. As long as the recommended action is the patient is cooperative.

References


