

# Self-care education for schizophrenia patients with self-care deficits

Vadylah Ramadhany Permana<sup>1\*</sup>, Arni Nur Rahmawati<sup>2</sup>, and Ririn Isma Sundari<sup>3</sup>

<sup>1</sup>Nursing Program, Faculty of Health, Universitas Harapan Bangsa, Indonesia

**Abstract.** Self-care deficit is a common negative symptom in patients with schizophrenia, causing a decline in their ability to independently perform self-care activities and affecting their quality of life. This study aims to describe nursing care for schizophrenia patients with self-care deficits through self-care education. The method used in this scientific paper is a descriptive case study. The study was conducted on one patient diagnosed with schizophrenia treated in the Sadewa Room at Banyumas Regional Hospital. Nursing care was provided over three days, including self-care education for basic activities such as bathing and maintaining personal hygiene. The results of this study showed significant success in improving the patient's self-care abilities, especially in bathing, which experienced notable improvement after three days of structured and repetitive education. This intervention helped the patient understand the importance of self-care and encouraged independence. In conclusion, self-care education effectively enhances self-care abilities in patients with schizophrenia and should be consistently implemented to support their independence and improve their quality of life.

## 1 Introduction

One of the issues in mental health is schizophrenia (1). Schizophrenia is a mental disorder that can become chronic, characterized by hallucinations, delusions, social withdrawal, and potential functional impairment in an individual's life (2). It is a cognitive disorder marked by hallucinations, uncontrolled behavior, delusions, and difficulty in thinking (3). Schizophrenia is episodic and is a leading cause of disability among individuals aged 15 to 44 years (4).

According to data from the World Health Organization (WHO) in 2022, approximately 24 million people, or 1 in 300 individuals worldwide, suffer from schizophrenia (5). The Basic Health Research data from 2018 indicates that in Indonesia, about 400,000 people, or

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\* Corresponding author: [vadylahramadhanypermana@gmail.com](mailto:vadylahramadhanypermana@gmail.com)

roughly 7 out of every 1,000 residents, experience mental health issues related to schizophrenia (6). One significant problem associated with schizophrenia is self-care deficit.

Self-care deficit refers to the inability to maintain personal hygiene independently or the need for assistance from others for self-care (7). Individuals facing challenges in self-care may exhibit an inability to perform daily activities, such as irregular bathing, uncombed hair, visibly dirty clothing, body odor, bad breath, and an unkempt appearance. These challenges can stem from both predisposing factors, including biological, psychological, and social issues, and precipitating factors like knowledge, socioeconomic status, social practices, and an individual's self-image (4). Here, the role of nurses is crucial in providing nursing interventions for patients with schizophrenia experiencing self-care issues. Nursing actions for patients with schizophrenia who have self-care deficits must be performed professionally. These actions may include providing counseling or education to patients with self-care deficits. This aligns with research conducted by Pribadi et al. (2019), which states that self-care education imparts knowledge about Activities of Daily Living (ADL) relevant to personal hygiene (8). Thus, nurses can act as educators in providing self-care education to patients facing these challenges.

Data from medical records at Banyumas Hospital over the past three months (May to July 2017) showed that 400 patients with schizophrenia were hospitalized, with 99 of them experiencing self-care deficits (9). Research by Baskara et al. (2019) indicates that the average patient with schizophrenia requires assistance to complete daily tasks, particularly concerning self-care (10). The novelty of this study is that the author provided self-care education to schizophrenia patients with self-care deficits through interviews, observations, and recording the results on an observation sheet. The urgency of this study is that if not addressed promptly, schizophrenia patients with self-care deficits will increasingly neglect their self-care due to stressors and lack of support from their environment. This is consistent with research by (15), which states that schizophrenia patients often neglect self-care due to severe stressors that are difficult to manage, leading to a lack of attention to basic activities such as bathing, dressing, eating, and elimination.

The general objective of this research is to describe the implementation of self-care education for patients with schizophrenia and self-care deficits. The specific objectives are: 1) To assess the self-care abilities of patients with schizophrenia and self-care deficits before the educational intervention; 2) To describe the implementation of self-care education for patients with schizophrenia and self-care deficits at Banyumas Hospital; 3) To identify the self-care capabilities of patients with schizophrenia and self-care deficits after the educational intervention.

## **2 Metode**

In the case study approach conducted, nursing care was provided to a patient with schizophrenia facing self-care deficits in the Sadewa Room of Banyumas General Hospital. Data collection for this case study involved taking a history, documenting findings, and conducting direct observations. When initiating communication, the author prepared implementation strategies and a self-care ability observation sheet for the patient. During data collection, the author utilized research instruments such as a nursing assessment format, self-care training, and a self-care observation sheet.

This case study is interesting because the author faced challenges in communicating with the schizophrenia patient, who often had difficulty concentrating, spoke incoherently, and was sometimes uncooperative. The main issue in this study is the self-care deficit in the schizophrenia patient.

During the research, the author prepared sheets containing self-care ability observations and written self-care education materials. Subsequently, the author conducted observations and interviews, recording the results in the tables provided on the self-care ability observation sheets. Here is the observation sheet for self-care abilities of patients with schizophrenia experiencing self-care maintenance issues. The descriptions are as follows: M = Independent, B = Assistance, TM = Not Performing. Please mark (√) in the appropriate column.

### 3 Results

Mr. K is a 37-year-old male residing at Jalan Muktisari RT 06 RW 01, Gandrungmangu District, Cilacap Regency. He is unmarried, has not received formal education, and previously worked as a vegetable seller. Mr. K is currently hospitalized in the Sadewa Ward of Banyumas General Hospital, with medical record number 000365959. Mr. K stated that five years ago and in 2022, he was treated at Banyumas Regional General Hospital due to his mental health issues. He mentioned that at home, he rarely takes his psychiatric medications and does not regularly visit the psychiatric clinic. Mr. K also stated that no one in his family has a mental disorder. During the mental status assessment, Mr. K expressed a reluctance to engage in self-care. His hair was disheveled, he had body odor, his nails were quite dirty, and he was wearing his clothes inside out, sometimes without any shirt at all. Mr. K typically only wore pants, which were also untidy. He mentioned feeling too lazy to bathe and preferred not to wear clothes because of the heat.

In this case, several signs and symptoms experienced by Mr. K were identified, leading to the prioritization of a single nursing problem: self-care deficit (D. 0109). This determination was based on both subjective and objective behaviors indicating that Mr. K's primary nursing issue is a self-care deficit.

Subjective data include Mr. K stating that he bathes only once a day, feels too lazy to bathe, refuses to wear clothes, does not brush his teeth, and does not take care of his hair. Objective data reveal that Mr. K appears to only wear pants, shows reluctance when asked to bathe, and presents as quite unkempt, with body odor and bad breath. His hair looks disheveled, and he occasionally wears his clothes inside out. Additionally, his nails are dirty, and food is often scattered on the floor during meals. It was also noted that Mr. K does not wash his hands before or after eating.

The appropriate intervention or planning in this case aligns with the Indonesian Nursing Intervention Standards, focusing on self-care support (I. 11348). Self-care support encompasses actions such as observation, therapeutic intervention, and education. The author has prepared a strategy for implementing self-care deficit interventions (1-5) to facilitate communication with the patient. During these interactions, the author provides an observation sheet to assess the patient's self-care abilities in daily activities, which is used to evaluate the extent to which the patient can perform self-care independently or with the assistance of nursing staff.

From November 2 to 4, 2023, the author provided nursing care to Mr. K, who experienced self-care deficits in Sadewa Room, Banyumas Regional General Hospital. The first meeting focused on building trust and explaining the importance of personal hygiene; however, Mr. K showed a lack of attention to self-care and refused to bathe, although he was independent

in urination and defecation. In the second meeting, Mr. K began to show progress by agreeing to bathe after encouragement, but he still required assistance with many daily activities. During the third meeting, the author aimed to enhance Mr. K's independence by training him to dress and care for his appearance, but Mr. K continued to refuse to wear clothes and comb his hair. Overall, despite some slight improvements, Mr. K's self-care deficits remain unresolved, and he still requires further encouragement and education to enhance his independence.

In this case, the author conducted an evaluation of each action that had been given to Mr. K. The evaluation on the first day had not been resolved, because on the first day Mr. K did not want to do self-care and did not know the importance of maintaining good and proper personal hygiene. The evaluation on the second day was partially resolved, this was because Mr. K was able to do self-care by bathing, but refused to practice grooming. Mr. K was able to explain the importance of self-care, although it had to be with encouragement and education first. The evaluation on the third day had not been resolved, this was because he still needed encouragement to take a bath, but still did not want to wear clothes and only wore pants. The author could not continue the intervention due to the limitations of the case study which only lasted three days. The results of observations of self-care activities of schizophrenia patients can be described in the following table.

**Table 1.** Observation Results of Self-Care Activities for Schizophrenia Patients

Date Day	No	Self-Care Abilities	Independent	Assistance	Not Performed
Thursday, 02/11/2023	1.	Bathe			√
	2.	Dress Up			√
	3.	Eat/Drink		√	
	4.	Take Medicine		√	
	5.	Pee/Poop	√		
Friday, 03/11/2023	1.	Bathe		√	
	2.	Dress Up			√
	3.	Eat/Drink		√	
	4.	Take Medicine		√	
	5.	Pee/Poop	√		
Saturday, 04/11/2023	1.	Bathe		√	
	2.	Dress Up			√
	3.	Eat/Drink		√	
	4.	Take Medicine		√	
	5.	Pee/Poop	√		

Based on table 1. data was obtained that the patient experienced changes in self-care abilities in bathing abilities.

## 4 Discussion

Assessment is the initial stage of the nursing process, requiring a systematic approach to gather comprehensive and holistic data about the individual, including biological, psychological, and spiritual aspects (11). The assessment of Mr. K was conducted from November 2 to 4, 2023, in Sadewa Room, Banyumas Regional General Hospital, over three days. The nurse's assessment included collecting demographic data, medical history, daily activities, physical condition, mental status, interpersonal relationships, and personal and family history. Demographic data encompassed name, place and date of birth, education, parents' address, birth history, allergies, and any previous illnesses and treatments received by the patient (12).

Mr. K's mental status assessment revealed several indicators of self-care deficit. He refuses to perform self-care, bathes only once a day, and presents an unkempt appearance with messy hair, body odor, dirty nails, and often wears clothes inside out or only pants. He avoids wearing a shirt due to feeling hot.

Mr. K's thought process is slow and convoluted, with confusion and restlessness, though he can still communicate uncooperatively. His concentration is easily disrupted, and he struggles with simple decision-making without assistance. He lacks self-awareness of his emotional state and appears confused when asked about it. According to Abdul Jalil's 2015 research, factors influencing the decline in self-care ability in schizophrenia patients include social isolation, delusions, violent behavior risk, and hallucinations (13).

Mr. K is experiencing self-care deficits (D. 0109), identified as the primary issue based on subjective and objective data. Subjective data include: Mr. K only bathes once a day, is reluctant to bathe, refuses to wear clothes, never brushes his teeth, and does not care for his hair. Objective data include: Mr. K is seen wearing only trousers, is reluctant to bathe, appears disheveled, has body odor, bad breath, unkempt hair, wears clothes backward, has dirty nails, spills food on the floor while eating, and does not wash his hands before or after meals.

Based on the assessment and data analysis of Mr. K, the nursing diagnosis identified is self-care deficit. This is primarily evident in Mr. K's lack of self-care, as indicated by various symptoms associated with this deficit. The problem tree analysis suggests that the issue stems from the impact of violent behavior risks, leading to social isolation and ultimately resulting in self-care deficits (14). According to research by Saragih (2022), schizophrenia patients often neglect their self-care due to overwhelming stressors that are difficult to manage. As a result, they frequently fail to pay attention to essential self-care activities such as bathing, dressing, eating, and elimination (15).

The assessment results indicate that Mr. K is experiencing a self-care deficit, marked by reluctance to bathe, not brushing his teeth, neglecting hair care, and only wearing pants. Objectively, Mr. K appears disheveled, has body odor, dirty nails, and frequently wears his clothes inside out. According to Wulandari *et al.* (2022), symptoms such as body odor and untidy appearance are signs of a self-care deficit (4).

In the Indonesian Nursing Intervention Standards (SIKI), the primary intervention for patients with self-care deficit issues is self-care support (I. 11348). Actions taken for self-care support include observation, therapeutic actions, and education. Observation involves identifying self-care activity habits according to age, monitoring levels of independence, and identifying needs for personal hygiene aids (such as dressing, grooming, and eating). Therapeutic actions include creating a therapeutic environment (e.g., warm, relaxing, and private), preparing personal care items (e.g., perfume, toothbrush, and soap), assisting the patient in self-care until they achieve independence, facilitating acceptance of dependency,

encouraging independence, providing help when they are unable to perform self-care, and scheduling a self-care routine (16).

Based on the data above and the research conducted by Firman Ihsanul Arif and Mad Zaini in 2024, it was found that after implementing nursing care interventions focused on self-care support, there was a positive impact on the improvement of self-care levels in both patients. Evidence showed that the patients were able to perform daily activities effectively (17).

The writer utilized communication strategies with Tn. K to facilitate nursing actions, concentrating on the orientation, working stage, and termination stage. These strategies enhance effective communication, particularly for patients with mental health issues experiencing self-care deficits. A daily schedule is crucial, and there are five implementation strategies, each with distinct objectives. Based on research by Aa Deno Saputra in 2022, nursing interventions for patients with self-care deficits include training patients to maintain personal hygiene, properly groom themselves, eat and drink appropriately, and manage bowel and bladder functions effectively (18). To assess Tn. K's abilities, the writer provided a self-care ability observation sheet. This is supported by Baskara (2019), who states that data collection instruments, such as observation sheets using Gordon's assessment scale, are used to measure independence in self-care (10).

Evaluation is the final stage of the nursing process. According to Ismawati et al. (2023), patients with self-care deficits are expected to identify the causes, perform self-care, and receive family support to engage in scheduled activities (19).

The self-care ability observation sheet for Tn. K revealed ongoing challenges over three days. On Day One, he refused to bathe and did not groom, needing help with eating, drinking, and medication, but was independent in using the bathroom. By Day Two, he still required assistance for bathing, grooming, meals, and medication, though he remained independent in bathroom use. Day Three showed no significant changes from Day Two. Overall, despite slight improvements, Tn. K continued to rely on others for most self-care activities due to his deficits. This aligns with Baskara (2019) research, which indicates that schizophrenia patients often require assistance with daily tasks, particularly self-care, leading to perceptions of laziness or reluctance to help themselves (10).

## **5 Conclusion and suggestions**

After providing nursing care for 3 days to Mr. K, who had a self-care deficit, it was found that the patient tended to refuse to take care of himself, such as avoiding bathing, feeling lazy, and lacking interest in personal hygiene. His physical condition appeared neglected, with body odor, matted hair, dirty nails, and bad breath. The primary nursing diagnosis was self-care deficit, and the interventions provided included self-care support based on the Indonesian Nursing Intervention Standards through observation, therapy, and education. Although there was some improvement on the second day, the patient's condition deteriorated again on the third day. All nursing care processes were properly documented.

This research offers theoretical benefits as a reference for self-care education, particularly for patients with schizophrenia experiencing self-care deficits. For institutions, it broadens understanding and serves as a guideline to enhance self-care education. For the author, it improves nursing knowledge, insight, and skills. For patients, it provides essential information on self-care education. For Banyumas Hospital, it supports optimizing health service quality for patients with schizophrenia. Future researchers can use it as a foundation for further studies

Based on the results, it is recommended that the patient make a greater effort to

understand the importance of self-care and strive to be more independent in maintaining personal hygiene. For nurses, this work can serve as a reference for planning nursing care for similar patients in a more optimal way. RSUD Banyumas is also expected to use these findings to improve the quality of health services. For myself, this research has provided a lot of experience and learning. It's not just mental health that we need to take care of, but also personal hygiene and self-care that we must maintain.

## REFERENCES

1. Restuningtiyas A, Sundari RI, Rahmawati AN. Asuhan Keperawatan Jiwa Gangguan Persepsi Sensori: Halusinasi Pendengaran Pada Tn. A Dengan Skizofrenia Di Ruang Bima RSUD Banyumas. Seminar Nasional Penelitian dan Pengabdian Kepada Masyarakat (SNPPKM)ISSN: 2809-2767Purwokerto, Indonesia. 2022;06 Oktober:724–9.
2. Ilmia AW. Perawatan Diri Pasien Skizofrenia Dengan Teknik Positive Reinforcement. *Procedia: Studi Kasus dan Intervensi Psikologi*. 2022;10(1).
3. Pardede JA. Self-Efficacy Dan Peran Keluarga Berhubungan Dengan Frekuensi Kekambuhan Pasien Skizofrenia. *Jurnal Ilmu Keperawatan Jiwa*. 2021;4(1):57–66.
4. Wulandari Y, Anita Sari Laia V, Zega R, Lestari Siregar S, Amidos Pardede J. Peningkatan Kemampuan dan Penurunan Gejala Pasien Skizofrenia Dengan Masalah Defisit Perawatan Diri: Studi Kasus. 2022;4–44.
5. WHO. World Health Organization. 2022. Skizofrenia. Available from: <https://www.who.int/news-room/fact-sheets/detail/schizophrenia>
6. Rokom. Kementerian Kesehatan Republik Indonesia. 2019. Targetkan Indonesia Sehat Jiwa, Kemenkes Fokus pada Upaya Pencegahan. Available from: <https://sehatnegeriku.kemkes.go.id/baca/umum/20191009/0932024/targetkan-indonesia-sehat-jiwa-kemenkes-fokus-upaya-pencegahan/>
7. Pastari M, Endriyani S, Martini S. Perawatan Diri Pada Orang Dengan Gangguan Jiwa (ODGJ) di Pusat Rehabilitasi Narkoba dan Gangguan Jiwa Kabupaten Banyuasin. *ABDIKEMAS: Jurnal Pengabdian Kepada Masyarakat*. 2023;5(1):11–4.
8. Pribadi T, Djunizar D, Andoko, Gunawan m ricko. Penyuluhan Kesehatan Tentang Pelaksanaan Adl (Activity of Daily Living) Kebersihan Gigi dan Mulut Pada Pasien Gangguan Jiwa di RSJD Provinsi Lampung. *Jurnal Kreativitas Pengabdian Kepada Masyarakat*. 2019;2(2):177–82.
9. Pasaribu RSM. Gambaran Perawatan diri Pada Pasien Skizofrenia di RSUD Banyumas. Purwokerto; 2018.
10. Baskara DA, I Wayan Darsana, Ni Made Ayu Wulan Indrayani. Gambaran Kemandirian Melakukan Perawatan Diri Pada Pasien Skizofrenia. *Journal Center of Research Publication in Midwifery and Nursing*. 2019;3(2):6–15.
11. Hafizha Z, Anam F, Aris AM, Pranesti R, Nashrullah MF, Isa A, et al. Edukasi Kesehatan Jiwa pada Pasien dengan Skizofrenia Residual melalui Pendekatan Kedokteran Keluarga. *Proceeding Book Call for Papers Fakultas Kedokteran Universitas Muhammadiyah Surakarta*. 2023;143–53.

12. Risal M, Hamu AH, Litaqia W, Dewi EU, Sinthania D, Zahra Z, et al. Ilmu Keperawatan Jiwa. Ns. Arif Munandar, S.Kep. MK, editor. Vol. 4. Kota Bandung - Jawa Barat: CV. Media Sains Indonesia; 2017. 9–15 p.
13. Jalil A. Faktor Yang Mempengaruhi Penurunan Kemampuan Pasien Skizorenia Dalam Melakukan Perawatan. *Jurnal Keperawatan Jiwa*. 2015;3(2):154–61.
14. Ramadia A, Saswati N, Silalahi M, Hamu AH, Niriya S, Putri DK. Buku Ajar Jiwa S1 Keperawatan. Group TM, editor. Jakarta Selatan: Mahakarya Citra Utama; 2023.
15. Saragih R. Karya Tulis Ilmiah Gambaran Kemampuan Perawatan Diri Pada Pasien Skizofrenia Di Ruangan Mawar Rumah Sakit Jiwa Prof. DR.M.Ildrem Medan. Politeknik Kesehatan Kemenkes Medan; 2022. 2003–2005 p.
16. PPNI TPSD. Standar Intervensi Keperawatan Indonesia. 1st ed. Jakarta; 2018.
17. Arif FI, Zaini M. Ini Merupakan Gejala Perilaku Negatif dan Menyebabkan Pasien Dikucilkan Baik Dalam Keluarga Maupun Masyarakat (Yusuf, 2015). *Health & Medical Sciences*. 2023;1(2):1–10.
18. Saputra AD. Karya Tulis Ilmiah Asuhan Keperawatan Pemenuhan Kebutuhan Personal Hygiene Pada Pasien Dengan Gangguan Defisit Perawatan Diri di RSKJ Soeprapto. Bengkulu: Poltekkes Kemenkes Bengkulu; 2022. 2003–2005 p.
19. Rizqi Ismawati L, Nur Rahmawati A, Khasanah S. Asuhan Keperawatan Defisit Perawatan Diri Pada Pasien Tn. S Dengan Skizofrenia. *Seminar Nasional Penelitian dan Pengabdian Kepada Masyarakat (SNPPKM)*. 2023;259–64.