Providing Psychological Nursing Care at Mental Rehabilitation Clinic, Addressing Self-Concept Challenges: Low Self-Worth Alongside a Bipolar Diagnosis

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Abstract: It is acknowledged that mental health plays a significant role in overall health. A person who is mentally disturbed and unable to function normally is said to have a mental disorder. This case study aims to provide an overview of mental nursing care for clients with low self-esteem, including assessment, diagnosis, intervention, implementation, and evaluation. The study employs a descriptive method, utilizing case studies, data collection techniques, observation, interviews, and a literature review to examine nursing acts that empower clients to recognize and utilize their strengths. The goal is to promote collaboration among rehabilitation clinics, professional organizations, families, and healthcare workers to deliver effective nursing care for mental health conditions, ultimately enhancing the well-being of individuals with low self-esteem and bipolar disorder.

Keywords: nursing care, low self-esteem, bipolar.

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Introduction

Mental health refers to the ability to avoid complaints and mental diseases such as neurosis or psychosis. A mentally healthy person will always feel comfortable and happy in any situation, and he will reflect on everything he does to control and regulate himself. Mental health is a state of psychological well-being that allows for a harmonious and productive life. Mental health is considered an important component of overall health. Health is perceived not only from a physical standpoint, but also from a mental perspective, which must be considered to achieve holistic health. A mental disorder is defined as someone who is mentally disturbed and unable to function normally (Alderisi et al., 2015; World Health Organization(WHO), 2022).

Bipolar affective disorder as a mental disorder is characterized by recurring manic, depressed, and mixed symptoms that can last a lifetime. People suffering from bipolar disorder typically experience mood swings, as well as significant changes in energy and behavior. Bipolar disorder consists of two manic and depressed episodes, which are typically mediated by normal episodes. Manic episodes are characterized by elevated mood, excessive activity, heightened self-esteem, and a decreased desire for sleep. People who have a manic episode but not a depressed episode are also diagnosed with bipolar disorder. Depressive episodes are distinguished by a low mood, trouble

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concentrating or making decisions, slow speech, disinterest in practically all activities, and feelings of hopelessness or worthlessness. Low self-esteem is defined as negative feelings about oneself, a lack of self-confidence, and a sense of failure to fulfill one's goals. Low self-esteem can also be caused by situational trauma, such as an accident, surgery, divorce, dropping out of school, quitting a professional connection, and so on1. Then there's chronic, which are unfavorable attitudes against oneself that continue a long time, implying that the client had negative ideas prior to being sick/treated (World Health Organization(WHO), 2023; National Institute of Mental Health, 2024; A & P, 2024).

Chronic low self-esteem is a long-term, persistent poor judgment or emotion about oneself or a client's abilities, such as meaninglessness, worthlessness, or helplessness. Mental health encompasses emotional, psychological, and social well-being, influencing cognition, perception, and behavior. Mental health includes subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others. Mental disorders, such as depression, anxiety disorders, and bipolar disorder, are a component of mental health and can affect an individual's ability to feel, think, and act in ways to achieve a better quality of life. Mental health is associated with a few lifestyle factors such as diet, exercise, and social support. Mental health can be seen as a continuum, where an individual's mental health may have many different possible values. Mental wellness is viewed as a positive attribute; this definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenge (Alderisi et al., 2015; CDC, 2024).

In conclusion, mental health is a state of psychological well-being that allows for a harmonious and productive life. It is considered an important component of overall health and is perceived not only from a physical standpoint, but also from a mental perspective. Mental disorders, such as depression, anxiety disorders, and bipolar disorder, are a component of mental health and can affect an individual's ability to feel, think, and act in ways to achieve a better quality of life. Mental health is associated with several lifestyle factors such as diet, exercise, and social support. Mental health can be seen as a continuum, where an individual's mental health may have many different possible values. Mental wellness is viewed as a positive attribute; this definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges.

The number of persons with mental disorders treated from January to May 2022-2023 is shown in the table below, based on the results report and medical records at the Nur Illahie Assanie Samarang Garut Mental Rehabilitation Clinic:

Table 1. Data on Mental Disorders Sufferers at the Nur Illahie Assanie Mental Rehabilitation Clinic, May 2022-2023

Disorders Diagnosis	Number of people
Bipolar	30
Schizophrenia	7
Drug Abuse	3
Mental Retardation	2
Total	42

According to data from the Nur Illahie Assanie Samarang Garut Rehabilitation Clinic, 42 persons were diagnosed with bipolar disorder in May 2023. This develops because of a lack of family support and attention, which is required to attain mental health goals. If people with bipolar disorder are not treated, it can have a negative influence on their mental health and raise their risk of suicide.

Regarding the large number of Indonesians, particularly in West Java, who experience the cases mentioned above, the author is interested in raising this issue and believes that nursing care should be provided starting with assessment and end with evaluation.

Method

This case study employs a descriptive approach, reporting on nursing care provided through a comprehensive process. Interviews, observations, physical examinations, documentation studies, literature reviews, and active participation were all used as descriptive methods. Assessments, nursing diagnoses, nursing planning, nursing implementation and evaluation, and progress documentation were developed by observing and assessing the patient's state, as well as examining their vitals and physical condition.

Result and Discussion

The author unveils a difficulty encountered while providing nursing care for Mrs. H at the Nur Illahi Assanie Clinic. The issues discovered included gaps between theory and the real situation in the field, as well as elements that promote and impede the provision of nursing care to clients with Self-Concept Disorders: Low Self-Esteem from assessment to evaluation. This nursing care was used some books of the Indonesian National Nursing Planning (PPNI) and others relevant sources to determine nursing diagnoses, nursing goals and

objectives, nursing plans and to evaluate actions given to patients (Tim Pokja SDKI DPP PPNI, 2017; Tim Pokja SLKI DPP PPNI, 2022, Tim Pokja SIKI DPP PPNI, 2018).

1. Assessment

During the assessment stage, the author collected both subjective and objective information regarding the client. Subjective data was gathered through customer interviews, whilst objective data was obtained through direct observation by the author. The author employed therapeutic strategies to collect data for the study, namely a client approach (establishing a mutual trusting connection). This method includes interviews and observations. At this point, not all the nursing concerns identified in the theoretical review were observed in Mrs. H; therefore, the author considers the data acquired from the assessment results when making a diagnosis. In this case study, the assessment focuses on individuals with poor self-esteem, especially the main complaint, predisposing factors, psychosocial and mental status.

The client stated that she came in with complaints of worry, anger, and sobbing at home since she witnessed her spouse remarrying even though he had not officially divorced her. The client's family attempted to comfort and calm her down, but she continued to scream until she was transferred to the Nur Illahie Assanie Mental Rehabilitation Clinic.

In the predisposing factor, it was discovered that the client had previously experienced mental illnesses, but that his therapy had been unsuccessful. The client had never suffered physical violence previously, but she did have a terrible experience, which was divorcing her husband. Mrs. H's self-description data stated that she likes all areas of the body due to God's grace. The client's look is immaculate, her self-identity indicates that she is a housewife, and she describes her status and position as a widow. The client stated that she was 32 years old and that she was the third of four children. The client's role in the family is that her obligation is to assist her mother and be a mother to her two children. The client's goal is to heal quickly, and when he comes home, he intends to remarry and look for work. The client's self-esteem indicated that her interaction with others was poor since she felt ashamed while interacting with others and felt useless and undervalued due to her mental illness. The client also expressed feelings of humiliation because her previous marriages had always ended in divorce. The client's mental state fluctuates between sadness and happiness. During the interview, the client was willing to communicate but didn't make eye contact and glanced down.

Self-introspection, excessive sentiments of self, a constant negative attitude toward oneself, a pessimistic outlook on life, lower productivity, and the act of withdrawing from social interactions are among the

findings discovered throughout the study that support the theory. Meanwhile, information related to Mrs. H's client was not found, but theory existed, such as feelings of inadequacy in all things, always feeling guilty, complaining of physical pain, polarized view of life, opposing one's own abilities, destructive behavior to oneself and destructive behavior to others, and substance abuse. These indications and symptoms do not appear because the client has been treated. During the evaluation, the client only showed indications and symptoms of self-introspection, pessimism in life, decreased productivity, and withdrawal from relationships.

Assessment is the first part of the nursing process, and it involves combining data consisting of predisposing factors, precipitating factors, stressor assessment, and coping capacities possessed to deal with problems encountered. In the assessment, two elements impact the emergence of low self-esteem: the predisposing factor is a change. Dependence and rejection of others, a lack of personal accountability, and repeated failures are all the result of unrealistic self-ideals. Meanwhile, the precipitation factor is a change in appearance, fox shape, or failure, which leads to productivity (Hosogi et al., 2012; Gudiya et al., 2022; Alghamdi et al., 2023)

Self-concept in mental nursing care is composed of up of five elements: self-image, self-identity, self-role, self-ideal, and self-esteem. Self-image relates to an individual's conscious or unconscious assessment of their own body (Nofita & Hutagalung, 2021). A coping mechanism is when an individual makes adaptations to deal with issues. According to the hypothesis, low self-esteem stems from ineffective individual coping, which leads to unrealistic self-ideals.

2. Nursing Diagnoses

The author discovered two nursing diagnoses that were consistent with the theory while assessing Mrs. H for self-concept disorders: self-concept disorders (poor self-esteem) and self-care deficiency. This diagnosis arose because of data obtained from the client, which led to a diagnosis of self-concept problem (low self-esteem). The data gained in the diagnosis of Self-Concept Disorders (poor self-esteem) is subjective. The client stated that she came in with concerns about being frightened, angry, and crying at home since she witnessed her spouse remarrying even though he had not officially divorced her. According to the author's objective data, clients always lower their heads and maintain minimal eye contact. Mrs. H's care deficiency is diagnosed as Client Appears Unclean based on subjective data. Social isolation is a theoretical concern that is not present in the case report. This issue did not occur because the client exhibited no signs or symptoms

of social isolation when assessed. Clients can interact effectively, even when several invitations are issued.

3. Planning

There were two implementation methodologies for assessing low self-esteem and four for diagnosing self-care deficits. The author can carry out this plan due to various factors. The availability of appropriate material, agreeable clients, and clinical nurses who are willing to provide convenience and input all help with this process. Plans are prepared as comprehensively as possible in compliance with conventional nursing care criteria, such as objectives, outcome criteria, interventions, and action rationalization.

4. Implementation

At this point, the author takes measures in accordance with plans that have been determined customized to the client's situation and circumstances. Before carrying out the planned action, the nurse must briefly confirm if the action plan is still necessary and appropriate for the client's current condition. According to the theory, when performing maintenance tasks, first create a contract/promise with clients that describes what will be done and the role the client expects. Then, write all actions taken along with the client's response, but the actions employ both general and specific goals, which are implemented using nursing criteria. On 4th April, 2023, implementation strategy 1 was carried out, which consisted of: building a mutual trust relationship, identifying positive aspects and abilities, assisting in the assessment of the abilities that can be used, assisting clients in deciding on positive abilities to be trained that the patient has, and assisting clients in planning a schedule for implementing the skills being trained. Then, to address the issue of self-care deficiency, nurses conduct exercises on how to care for oneself, train clients to dress up and decorate, teach patients to eat independently, and teach patients to defecate independently. In the low self-esteem nursing section, the nurse implements the 2nd approach by instructing the client to do additional activities that are still within the client's capabilities (reciting the Qur'an).

Nursing actions that follow the idea are known as implementation strategies. Using therapeutic communication principles, the implementation strategy aims to establish a reciprocal trust relationship. Therapeutic communication is a therapeutic art that involves the interaction of two or more people with the same purpose to cure those who are unwell or in need of health services (Nightingale College, 2022; Sharma & Gupta, 2023)

5. Evaluation

Evaluation can be seen in the outcomes of actions with the goal or evaluation criteria of determining whether the problem can be solved. All of the problems that clients confront have been fixed. The evaluation obtained after carrying out nursing actions for 4 days was that the client was able to build a mutual trust relationship, showed a friendly expression, had good eye contact when spoken to, did not look down too much, and was able to assess the positive aspects of himself by being able to carry out appropriate activities. have been trained based on their abilities. Clients can also create a daily activity schedule and do it on their own. The client has also practiced personal hygiene by taking a shower and dressing himself, eating independently, and defecating and urinating on his own.

6. Documentation

Nursing documentation might be done in writing or electronically. This documentation describes how nurses offered care and services to a client within the health care system. The author had multiple challenges in documenting nursing care, but with the help of various sources' theories and supervision, the author was able to document mental nursing care from the stages of assessment, diagnosis, planning, implementation, and evaluation.

Conclusion

The author can conduct complete physical and mental exams, as well as developing nursing diagnoses. Those stages are used to create nursing care plans for problems that develop based on problem priorities, as well as to carry out nursing care actions in accordance with established plans. The collected data of Mrs. H at the Nur Illahie Mental Rehabilitation Clinic in Samarang, Garut is analyzed, and nursing care is documented.

Acknowledgments

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