

CASE STUDY ON CHRONIC LOW SELF-ESTEEM AMONG SCHIZOPHRENIA PATIENTS AT RSJD. ATMA HUSADA MAHAKAM SAMARINDA

Andi Aprilya Anggryani^{1*}, Alia wardani², Aji. M. Ansyar³, Anisah Aulia Salsabila⁴, Fasyadila Nur Alifa⁵, Hanif Daffa Fauzan Rizki⁶, Khairunnisa⁷, Khofifah Yuniarsih Sadri⁸, Nur Halisah⁹, Priska Cahya Ningtyas¹⁰, Syafwa Aqilah¹¹, Uly Setia Putri Yuniar¹², Winda Fitriana¹³, Arief Budiman¹⁴, Enike Kusumawati Erna Ellyana¹⁵

1-14. Bachelor of Nursing, Muhammadiyah University of Kalimantan Timur– East Kalimantan

Article History

Received : August 2025

Revised :

Published : November 2025

Contact

2211102411034@umkt.ac.id

Keywords

Schizophrenia, Chronic Low Self-Esteem, Nursing Care, Psychiatric Nursing, Implementation Strategy (SP)

ABSTRACT

Introduction

Chronic low self-esteem is one of the most commonly found nursing diagnoses in schizophrenia patients and is a reflection of a negative self-concept that can worsen the course of the disease. This study aims to describe the nursing care of chronic low self-esteem in four schizophrenia patients at RSJD Atma Husada Mahakam, Samarinda.

Method

A descriptive case study method was used with a nursing process approach applied to four schizophrenia patients experiencing chronic low self-esteem. Data were collected through interviews, observation, and documentation studies conducted in April 2026 at RSJD Atma Husada Mahakam.

Result

All four patients showed signs and symptoms of chronic low self-esteem including feelings of shame, inability, lack of self-confidence, avoidance of eye contact, and pessimistic outlook. Nursing implementation using implementation strategies (SP) 1-3 was successfully carried out. Evaluations showed improvements in self-esteem across all four subjects.

Conclusion

Nursing care for schizophrenia patients with chronic low self-esteem at RSJD Atma Husada Mahakam, when delivered using therapeutic communication principles and a structured implementation strategy, can significantly improve patient self-esteem and adaptive behavior.

INTRODUCTION

Mental health is a condition that enables the optimal development of an individual's physical, intellectual, and emotional capacities, in harmony with others (Akhirina et al., 2025). Mental health problems in Indonesia remain a serious concern. Data from the 2018 Basic Health Research (Riskesdas) show that the prevalence of severe mental disorders such as schizophrenia reached 7 per 1,000 population, or approximately 1.7 million people in Indonesia (Surasa & Murtiningsih, 2021).

Schizophrenia is a severe psychiatric disorder characterized by extensive personality disorganization, distortion of reality, and impaired social functioning (Herman et al., 2021). According to PPDGJ-III, the symptoms of schizophrenia are divided into positive and negative symptoms. Negative symptoms include flat affect, lack of motivation, social withdrawal, and inability to perform self-care. These symptoms often lead to the development of a negative self-concept, and one of the most commonly encountered nursing diagnoses is chronic low self-esteem (Herman et al., 2021). Chronic low self-esteem is a condition characterized by a negative self-evaluation of oneself or one's abilities that persists for at least three months. Arini & Syarli (2026) defines low self-esteem as prolonged feelings of worthlessness, insignificance, and inferiority resulting from negative self-evaluation. This condition is closely associated with feelings of failure, loss of self-confidence, and a pessimistic outlook on the future.

Atma Husada Mahakam Regional Mental Hospital in Samarinda is the only regional psychiatric hospital in East Kalimantan Province. Based on the 2024 medical record data from the hospital, schizophrenia is the most common diagnosis, with more than 1,200 inpatient cases per year, of which approximately 68% are accompanied by the nursing problem of

low self-esteem. This condition indicates the need for intensive attention to the management of chronic low self-esteem in patients with schizophrenia (Fatimah et al., 2026).

The management of chronic low self-esteem in patients with schizophrenia requires a comprehensive nursing approach (Herman et al., 2021). Structured psychiatric nursing implementation strategies (SP) have been proven effective in improving patients' self-esteem. Therapeutic communication, as the foundation of psychiatric nursing care, enables nurses to help patients identify their positive abilities and develop adaptive behaviors (Akhirina et al., 2025). Based on this background, this study aims to describe nursing care for chronic low self-esteem in four patients with schizophrenia at Atma Husada Mahakam Regional Mental Hospital, Samarinda.

METHOD

This study employed a descriptive case study design using the nursing care process approach. The case study was conducted on four patients with schizophrenia who experienced chronic low self-esteem. The study was carried out in the inpatient ward of Atma Husada Mahakam Regional Mental Hospital, Samarinda in April 2026.

The inclusion criteria for the study subjects were: (1) patients medically diagnosed with schizophrenia; (2) having a nursing problem of chronic low self-esteem; (3) able to communicate verbally; and (4) willing to participate as research subjects. Data were collected through in-depth interviews, behavioral observations, and review of medical records.

The nursing process approach used in this study included the following stages: (1) nursing assessment; (2) nursing diagnosis; (3) planning of nursing interventions; (4) implementation of nursing care; and (5) nursing evaluation. Each stage was carried out systematically and well-

documented in accordance with the standards of psychiatric nursing care.

RESULT

1. Assessment

The assessment was conducted on four patients, each demonstrating distinct characteristics of chronic low self-esteem. The assessment data included both subjective and objective findings as follows: The first patient (Tn. A) had been hospitalized in the Mahakam ward for two weeks with the main complaint of social withdrawal and unwillingness to interact. Subjective data: the patient stated that he felt useless, ashamed due to early retirement, and lacked self-confidence. Objective data: poor eye contact, frequent downward gaze, slow speech with a low tone, flat affect, and a history of three previous psychiatric hospitalizations.

The second patient (Ny. B) had a history of schizophrenia since the age of 20 and had experienced physical restraint by her family for two years. Subjective data: the patient expressed feeling ashamed of her condition, believing that no one cared about her, and feeling incapable of performing any work. Objective data: very poor eye contact, flat facial expression, frequent downward gaze, speaking only when asked, and no initiative to start interactions.

The third patient (Ny. C) was a female patient with schizophrenia who was admitted to the psychiatric hospital following postpartum psychosis. Subjective data: the patient reported feeling like a failure as a mother because she was unable to care for her child, felt useless, and cried frequently. Objective data: crying when describing her condition, minimal eye contact, blank stare, and speaking in a low and intermittent voice.

The fourth patient (Tn. D) had been hospitalized for three weeks with complaints of social withdrawal and refusal to participate in ward activities. Subjective data: the patient stated that he was stupid, had no future, and believed that treatment was useless. Objective data: avoiding eye contact, no initiative to communicate, frequently sitting silently in a corner of the room, and having a very pessimistic outlook on life.

2. Nursing Diagnosis

Based on the results of the assessment and data analysis of the four patients, similarities were found in both etiology and signs and symptoms consistent with the theory of chronic low self-esteem. Therefore, the nursing diagnosis established for all patients was: Disturbed Self-Concept: Chronic Low Self-Esteem (CLSE).

Table 1. Comparison of Patient Assessment Data with Theory

Patient	Theory	Findings in the case
Tn. A	1. Self-criticism	1. Feels useless and incapable of working
	2. Impaired social relationships	2. Poor eye contact, looks down, speaks softly
	3. Feelings of inadequacy	
	4. Negative self-perception	3. Lacks confidence to interact with others
	5. Pessimistic outlook on life	4. Withdraws from the social environment
	6. Social withdrawal	
Ny. B	1. Self-criticism	1. Expresses shame due to having been physically restrained by the family
	2. Impaired social relationships	2. Poor eye contact, frequently looks downward
	3. Feelings of inadequacy	
	4. Negative self-perception	3. Feels that no one wants to be friends with her
	5. Pessimistic outlook on life	4. Flat affect, does not initiate interactions
	6. Social withdrawal	
Ny. C	1. Self-criticism	1. Feels useless for

	2. Impaired social relationships	not being able to be a good mother
	3. Feelings of inadequacy	2. Speaks slowly with a low tone and shows a pessimistic outlook
	4. Negative self-perception	
	5. Pessimistic outlook on life	3. Refuses to participate in group activities
	6. Social withdrawal	4. Easily cries when talking about herself
Tn. D	1. Self-criticism	1. States that he is stupid and useless
	2. Impaired social relationships	2. Very poor eye contact, avoids interaction
	3. Feelings of inadequacy	3. Feels unable to perform any activities
	4. Negative self-perception	4. Has a highly pessimistic outlook on the future
	5. Pessimistic outlook on life	
	6. Social withdrawal	

3. Nursing Intervation

The nursing care plans developed for the four patients are based on the Implementation Strategies (IS)/(SP) for chronic low self-esteem. There are five SP, as follows:

Nursing DX	SP	Nursing Care Plan
Chronic Low Self-esteem	SP 1	a. Identify the patient's abilities and positive aspects; make a list of activities. b. Help the patient assess which activities they can currently perform. c. Help the patient choose one activity to practice. d. Practice the selected activity, including the equipment and technique. e. Include the activity in the schedule for practice twice a day.
	SP 2	a. Evaluate the first activity that has been practiced and offer praise. b. Help the patient choose a second activity to practice. c. Practice the second activity (equipment and technique). d. Include in the schedule: two activities, each twice a day.
	SP 3	a. Evaluate the first and second activities; offer praise. b. Help the patient choose a third activity

	to practice. c. Practice the third activity (equipment and technique). d. Include in the schedule: three activities, each twice a day.
SP 4	a. Review the previous three activities; offer praise. b. Help the patient choose a fourth activity to practice. c. Practice the fourth activity (equipment and technique). d. Include in the schedule: four activities, twice a day each.
SP 5	a. Evaluate all training activities and offer praise. b. Continue the training activities indefinitely. c. Assess the patient's level of independence. d. Assess whether the patient's self-esteem has improved.

4. Nursing Implementation

The nursing implementation was carried out over three consecutive days for each patient, from April 6 to April 8, 2026. The implementation was conducted according to the planned nursing interventions, namely SP 1 through SP 3.

For Tn. A, the implementation of SP 1 focused on identifying the patient's positive abilities, which included skills in handicrafts and cooking. Tn. A successfully selected and practiced activities such as making the bed and folding clothes. In SP 2, the patient successfully practiced sweeping. In SP 3, the patient successfully practiced watering plants.

For Ny. B, the implementation of SP 1 identified that the patient had abilities in singing and drawing. The selected activity for practice was washing dishes. In SP 2, the patient practiced cleaning the dining table. In SP 3, the patient successfully practiced making her own bed.

For Ny. C, SP 1 identified the patient's abilities in cooking and embroidery. The patient chose making bracelets from wool yarn as the first activity. In SP 2, the patient

practiced combing her hair independently and arranging her clothes. In SP 3, the patient successfully practiced decorating a photo frame.

For Tn. D, SP 1 identified the patient's abilities in agriculture and plant care. The patient chose watering plants in the hospital garden as the first activity. In SP 2, the patient practiced pulling weeds. In SP 3, the patient successfully practiced trimming dry leaves.

5. Evaluation

The evaluation was conducted using the SOAP method at the end of each session. All four patients showed positive progress during the implementation of nursing care, although at varying rates.

Tn. A: On the third day, the patient was able to mention three positive abilities he possesses, perform three scheduled activities independently, and began to show improved eye contact during interactions. The patient stated that he felt "more confident" compared to the beginning of the sessions.

Ny. B: The final evaluation showed that the patient was able to perform two scheduled activities independently and began initiating greetings with the nurse. The main barrier was that the patient remained very shy when interacting with new nurses, indicating the need for repeated therapeutic approaches.

Ny. C: The patient showed significant improvement; on the last day, she was able to smile and express that she still had useful abilities. The frequency of crying decreased, and the patient began to actively interact with other patients in the ward.

Tn. D: Initially, the patient was the most difficult to engage in interaction; however, by the third day, he showed enthusiasm during gardening activities, was able to carry out three SP interventions consecutively,

and began to sit with other patients in the dining area.

DISCUSSIONS

The assessment results of the four patients at Atma Husada Mahakam Regional Mental Hospital showed a high level of consistency with the theory of chronic low self-esteem. The signs and symptoms identified included feelings of worthlessness, lack of self-confidence, poor eye contact, flat affect, and a tendency toward social withdrawal. This is in line with Rokhimmah & Rahayu (2020), who states that low self-esteem is a prolonged negative evaluation of oneself.

The different precipitating factors in each patient enriched the findings of this study. In Tn. A, low self-esteem was triggered by early retirement and feelings of being unproductive. In Ny. B, a history of physical restraint became a traumatic experience that exacerbated her negative self-concept. In Ny. C, perceived failure as a mother contributed significantly to her low self-esteem. Meanwhile, in Tn. D, irrational beliefs about his own inability had been deeply ingrained over time. This diversity of factors is consistent with Maulana et al. (2021), who states that role conflict, role ambiguity, and inappropriate role performance can trigger low self-esteem in individuals with mental disorders.

The application of the nursing diagnosis Disturbed Self-Concept: Chronic Low Self-Esteem in all four patients was consistent with the NANDA-I (2018) criteria, which require a negative self-evaluation lasting at least three months. Establishing an accurate diagnosis is the foundation for effective intervention planning (Rahayu et al., 2021).

Nursing interventions using the implementation strategy (SP) approach proved to yield positive outcomes in all four patients. A study by Wijayati et al. (2020), at the Jambi Provincial Mental Hospital confirmed a

significant effect of SP for low self-esteem on improving self-esteem in clients with schizophrenia (p -value = 0.017). These findings are consistent with the results at Atma Husada Mahakam Regional Mental Hospital, where all patients showed improvement in self-esteem after completing SP 1 through SP 3.

The component of identifying positive abilities in SP 1 is a key factor in the success of the intervention. By helping patients recognize and acknowledge their remaining abilities, nurses can break the cycle of negative thinking that lies at the core of low self-esteem. This approach is consistent with the principles of cognitive-behavioral therapy, which emphasize the restructuring of maladaptive thoughts (Maulana et al., 2021).

Barriers in implementation were primarily found in Ny. B, who required more time to build rapport with new nurses. This is consistent with the findings of Wibowo et al. (2023), which indicate that patients with chronic low self-esteem often refuse to continue SP with different nurses, thus requiring a patient and consistent re-approach. The continuity of the therapeutic relationship between nurses and patients is an important determinant of successful psychiatric nursing interventions.

Family support is also an important factor influencing patient recovery. In the case of Ny. C, active support from her husband through regular visits had a positive impact on her recovery motivation. In contrast, in Tn. D, the lack of family visits became one of the barriers to the recovery process. This highlights the importance of involving the family in psychiatric nursing care (Nurfitriani & Rizkyllah, 2026).

CONCLUSIONS

Based on the results of nursing care provided to four patients with schizophrenia experiencing chronic low self-esteem at Atma Husada Mahakam Regional Mental Hospital, Samarinda, the following conclusions can be drawn:

1. The assessment of all four patients identified signs and symptoms of chronic low self-esteem consistent with theory, including feelings of worthlessness, inadequacy, lack of self-confidence, poor eye contact, and a pessimistic outlook on life. Each patient had unique precipitating factors that ultimately led to the development of a negative self-concept.
2. The nursing diagnosis of Disturbed Self-Concept: Chronic Low Self-Esteem was successfully established in all four patients based on comprehensive data analysis.
3. Nursing care planning utilized Implementation Strategies (SP) 1 through 5, focusing on identifying positive abilities, training in structured activities, and scheduling daily activities.
4. The implementation of SP 1 through SP 3 was successfully carried out for all four patients over three days. Each patient was able to practice at least three positive activities tailored to their individual abilities and interests.
5. The evaluation showed a significant improvement in self-esteem among all four patients following the implementation of nursing care using therapeutic communication principles and structured implementation strategies.

Nursing care for chronic low self-esteem in patients with schizophrenia should be carried out using consistent therapeutic communication principles. Family involvement and continuity of the therapeutic relationship between nurses and patients are important factors in the success of the intervention.

BIBLIOGRAPHY

- Akhirina, S. A., Kurniawati, R., & Wulandari, T. S. (2025). Implementasi Terapi Menggambar Untuk Mengatasi Harga Diri Rendah Kronik Pada Pasien Skizofrenia. *Ilmu Kesehatan*, 18(4), 25–31. <https://doi.org/10.5455/mnj.v1i2.644xa>
- Arini, L., & Syarli, S. (2026). Penerapan Terapi Butterfly Hug untuk Meningkatkan Rasa Percaya Diri pada Pasien Skizofrenia dengan Harga Diri Rendah Kronik : Studi Kasus. 5(1), 15–18.
- Fatimah, S. A. N., Ramadhanny, C., & Iskandar, A. (2026). The Relationship Between Cognitive Function and Quality of Life in Schizophrenia Patients at ATMA Husada Mahakam Mental Hospital , Samarinda. *JIM: Jurnal Ilmu Multidisiplin*, 4(6), 4912–4920.
- Herman, A., Direja, S., & Ningrum, T. P. (2021). Hubungan Harga Diri Dengan Kejadian Skizofrenia Pada Pasien Yang Dirawat Di Rumah Sakit Khusus Jiwa Soeprapto Bengkulu. *Infokes: Info Kesehatan*, 11(2), 413–420.
- Maulana, I., Shalahuddin, I., & Eriyani, T. (2021). Psychotherapy Reduces Self Esteem Scizophrenic Patients: Literature Review. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 6. <https://doi.org/10.30604/jika.v6iS1.758>
- Nurfitriani, P., & Rizkyllah, M. N. (2026). Efektifitas Penerapan Terapi Afirmasi Positif untuk Menurunkan Tanda dan Gejala Harga Diri Rendah Pada Pasien Skizofrenia di Panti Gramesia Cirebon. *Jurnal Riset Ilmu Kesehatan Umum Dan Farmasi (JRIKUF)*, 4(1), 202–213. <https://doi.org/10.57213/jrikuf.v4i2.973>
- Rahayu, S., Mustikasari, M., & Daulima, N. H. . (2021). Perubahan Tanda Gejala dan Kemampuan Pasien Harga Diri Rendah Kronis Setelah Latihan Terapi Kognitif dan Psikoedukasi Keluarga. *Journal Educational Of Nursing(Jen)*, 2(1), 39–51. <https://doi.org/10.37430/jen.v2i1.10>
- Rokhimmah, Y., & Rahayu, D. A. (2020). Penurunan Harga Diri Rendah dengan menggunakan Penerapan Terapi Okupasi (Berkebun). *Ners Muda*, 1(1), 18. <https://doi.org/10.26714/nm.v1i1.5493>
- Surasa, I. N., & Murtiningsih. (2021). Hubungan Dukungan Sosial Teman Sebaya Terhadap Harga Diri Remaja di SMPN 258 Jakarta Timur. *Borneo Nursing Journal*, 3(1), 14–22. <https://akperyarsismd.ejournal.id/BNJ/article/view/30>
- Wibowo, G. A. H., Amira, I., & Kurniawan. (2023). Asuhan Keperawatan Pada Penderita Skizofrenia Dengan Gangguan Konsep Diri: Harga Diri Rendah Kronis. *SENTRI: Jurnal Riset Ilmiah*, 2(9), 3476–3484. <https://doi.org/10.55681/sentri.v2i9.1486>
- Wijayati, F., Nasir, T., Hadi, I., & Akhmad, A. (2020). Faktor-Faktor yang Berhubungan dengan Kejadian Harga Diri Rendah Pasien Gangguan Jiwa. *Health Information : Jurnal Penelitian*, 12(2), 224–235. <https://doi.org/10.36990/hijp.v12i2.234>