NURSING CARE FOR MS. Y WITH SELF-CARE DEFICIT WITH FOCUS ON TOOTH BRUSHING ACTIONS AT DR. R. M SOEDJARWADI MENTAL HOSPITAL, KLATEN

ASUHAN KEPERAWATAN PADA Nn.Y DENGAN DEFISIT PERAWATAN DIRI DENGAN FOKUS TINDAKAN MENGGOSOK GIGI DI RUMAH SAKIT JIWA DAERAH Dr. RM SOEDJARWADI KLATEN

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Abstract

Self-Care Deficit (SCD) is one of the common negative symptoms experienced by patients with mental disorders, especially Schizophrenia, characterized by the inability to maintain personal hygiene. Tooth brushing is a critical indicator of basic Activities of Daily Living (ADL) skills and is essential for maintaining oral health. Based on data, there were 114 recorded cases of patients diagnosed with SCD at Dr. RM Soedjarwadi Regional Mental Hospital, Klaten, from January to November 2024. This study aims to implement and analyze comprehensive nursing care for Ms. Y, focusing on teaching tooth-brushing skills. This study used a descriptive case study method with a nursing process approach (assessment, diagnosis, intervention, implementation, and evaluation). The subject was one patient, Ms. Y, diagnosed with Self-Care Deficit and unable to brush her teeth independently. The nursing intervention was implemented over 3 days, from November 18 to 20, 2024. The main intervention used was education and tooth-brushing practice through the implementation of Execution Strategies (SP 1-4) with behavioral modification in the form of modeling. The implementation results showed that Ms. Y began brushing her teeth routinely according to the established daily schedule. The patient also showed an increased understanding of the importance of personal hygiene and was able to perform self-care independently with minimal guidance. Nursing care with a focus on training tooth-brushing skills proved effective in increasing the awareness and self-care ability of Ms. Y who experienced a self-care deficit.

Keywords: Nursing Care, Self-Care Deficit, Tooth Brushing, Schizophrenia.

Abstrak

Defisit Perawatan Diri (DPD) merupakan salah satu gejala negatif yang umum dialami oleh pasien dengan gangguan jiwa, khususnya Skizofrenia, yang ditandai dengan ketidakmampuan menjaga kebersihan diri. Menggosok gigi adalah indikator penting dari kemampuan dasar Activities of Daily Living (ADL) dan esensial untuk menjaga kesehatan mulut. Berdasarkan data, tercatat 114 kasus pasien dengan diagnosis DPD di Rumah Sakit Jiwa Daerah Dr. RM Soedjarwadi Klaten dari Januari hingga November 2024. Penelitian ini bertujuan untuk melaksanakan dan menganalisis asuhan keperawatan secara komprehensif pada Nn. Y dengan fokus tindakan melatih menggosok gigi. Penelitian ini menggunakan metode studi kasus deskriptif dengan pendekatan proses keperawatan (pengkajian, diagnosis, intervensi, implementasi, dan evaluasi). Subjek studi adalah satu pasien, Nn. Y, yang memiliki diagnosis Defisit Perawatan Diri dan tidak mampu menggosok gigi secara mandiri. Implementasi tindakan keperawatan dilakukan selama 3 hari, yaitu dari tanggal 18 hingga 20 November 2024. Intervensi utama yang digunakan adalah edukasi dan latihan menggosok gigi melalui penerapan Strategi Pelaksanaan (SP 1-4) dengan modifikasi perilaku berupa modeling. Hasil implementasi menunjukkan bahwa Nn. Y mulai menggosok gigi secara rutin sesuai dengan jadwal harian yang telah dibuat. Pasien juga menunjukkan peningkatan pemahaman mengenai pentingnya kebersihan diri dan mampu melakukan perawatan diri secara mandiri dengan sedikit bimbingan. Asuhan keperawatan dengan fokus tindakan melatih menggosok gigi terbukti efektif dalam meningkatkan kesadaran dan kemampuan perawatan diri pada Nn. Y yang mengalami defisit perawatan diri.

Kata Kunci: Asuhan Keperawatan, Defisit Perawatan Diri, Menggosok Gigi, Skizofrenia

1. INTRODUCTION

Mental health is an important aspect of life that is often neglected. This condition includes emotional, psychological, and social balance that influences the way a person thinks, feels, and acts. Good mental health enables someone to cope with life's pressures, build positive relationships, and make wise decisions. However, mental health disorders such as depression, anxiety, or chronic stress can hinder daily functioning and reduce quality of life.

According to Khadiq et al. (2024), mental disorders are manifestations of behavioral deviations caused by emotional distortions that lead to abnormal behavior. Sari & Maryatun (2020) state that mental disorders create conditions such as disturbances in mentality, emotions, thinking, willpower, psychomotor behavior, and speech, resulting in disruption of an individual's humanistic functions. Mental disorders are characterized as maladaptive responses to the environment, expressed through thoughts, feelings, and behaviors that do not conform to local and cultural norms, thus interfering with an individual's social, work, and physical functions, which is commonly referred to as schizophrenia.

Based on the latest report from the World Health Organization (WHO) in 2021, mental disorders have been increasing significantly in every country worldwide, with around 264 million people suffering from depression, 45 million people from bipolar disorder, 50 million from dementia, and 20 million from schizophrenia and other psychoses. The prevalence of schizophrenia has increased by 40%, reaching 26 million people. Individuals with these mental disorders are unable to live their daily lives normally and in balance.

Schizophrenia is one of the symptoms of mental disorders. According to Safitri (2020), schizophrenia is a disorder characterized by fundamental distortions in thinking, along with

abnormal emotional expressions. Patients with schizophrenia lose motivation and interest in life, which makes them appear lazy, as they only have limited energy and tend to do nothing beyond sleeping and eating. This condition causes significant self-care deficits, where patients neglect hygiene, eating, personal grooming, dressing, and toileting (Yanti et al., 2021).

Data from the Indonesian Ministry of Health (Kemenkes, 2018) show that the prevalence of schizophrenia in Indonesia based on the Basic Health Research (Riskesdas) is 6.7 per 1,000 households, meaning that six to seven out of 1,000 households have a family member suffering from schizophrenia. Bali, Yogyakarta Special Region, and West Nusa Tenggara are the three provinces with the highest prevalence of schizophrenia in Indonesia.

Based on 2024 data in Central Java, approximately 25% of residents in 35 districts experienced mild mental disorders, or one in four people. Severe mental disorders averaged 1.7 per thousand, or around 12,000 people. Central Java Province is among the seven provinces with the highest number of schizophrenia cases in Indonesia, with a prevalence of 8.7% per 1,000 households (Kemenkes RI, 2018).

At Dr. RM Soedjarwadi Regional Mental Hospital in Klaten, there were 114 patients diagnosed with self-care deficit from January to November 2024. This highlights the urgency of providing interventions such as training in tooth brushing as a basic self-care ability.

According to Laia & Pardede (2022), self-care deficit is a condition where a person experiences a decline in the ability to perform or complete self-care activities independently. Types of self-care deficits include bathing (hygiene), dressing/grooming, eating, and toileting. Self-care deficit is one of the negative symptoms experienced by schizophrenia patients. No psychopharmacological treatment can fully address self-care deficits; instead, patients need to be trained to overcome their inability or unwillingness to perform self-care. Patients may also experience cognitive decline, resembling regressive behavior and childlike dependence on others.

Research conducted by Safitri (2020) found that self-care deficits in people with mental disorders (ODGJ) significantly affect their quality of life and health. The study showed that ODGJ had difficulties maintaining personal hygiene, such as bathing, brushing teeth, dressing, and performing self-care independently. Through health education interventions on personal hygiene, it was found that proper education and assistance can help improve awareness and abilities in self-care among ODGJ. The study concluded that healthcare workers play a crucial role in providing continuous support and education to enhance patient independence.

According to Sari & Maryatun (2020), self-care deficit in patients is characterized by refusal to perform self-care, inability to bathe or dress independently, and lack of interest in grooming. Self-care deficit interventions aim to help patients develop the ability to perform self-care activities, such as maintaining personal hygiene, which includes bathing, brushing teeth, washing hands and face, cutting nails, and taking care of the skin. Additionally, self-care deficit interventions aim to improve patient self-awareness and understanding of the importance of self-care for their physical and mental health.

Another study conducted by Setiawati et al. (2023) found that applying personal hygiene interventions to schizophrenia patients with self-care deficits produced positive outcomes. Using a case study method with one patient, structured personal hygiene interventions showed improvements in self-care deficit symptoms, although the problem was not completely resolved. Patients who initially refused to bathe, brush their teeth, change clothes, and care for themselves began to respond more positively to hygiene care. This is consistent with previous

research, which stated that self-care deficits in schizophrenia patients can be improved through appropriate and continuous interventions.

Tooth brushing in patients with self-care deficits is an indicator of basic activities of daily living (ADL). It is one parameter used to assess an individual's level of independence, particularly in physical self-care. Tooth brushing is an important activity to maintain oral and dental health. This practice helps remove plaque, food debris, and prevent dental diseases such as caries and gingivitis. Research suggests that good tooth brushing habits should be done at least twice a day, after breakfast and before bed, and using proper techniques is essential to ensure optimal dental hygiene. Many individuals, especially children, still practice improper brushing techniques, such as incorrect direction or excessive pressure, which can increase the risk of dental caries.

Self-care deficit interventions focusing on teaching tooth brushing for patients with mental disorders aim to improve their ability to maintain oral hygiene and health independently, which is an essential part of overall self-care (Safitri, 2020).

2. RESEARCH METHOD

This study employed a descriptive case study approach by applying the nursing process, which includes assessment, data analysis, nursing diagnosis, planning, implementation, and evaluation. The case study method was chosen because it allows the researcher to explore a single subject in depth within a real-life context, thereby providing a comprehensive description of nursing care for patients with self-care deficits. The subject of this study was a patient diagnosed with a self-care deficit who was treated at Dr. RM Soedjarwadi Regional Mental Hospital, Klaten. The inclusion criteria were patients aged 17–50 years, both male and female, who experienced difficulties in performing self-care activities, particularly tooth brushing. The exclusion criteria included patients who were restless, those outside the age limits, or those who did not receive isolation programs. The focus of this study was directed at providing an intervention in the form of tooth brushing training as one of the basic indicators of Activities of Daily Living (ADL).

The instruments used in this study consisted of assessment sheets, observation forms, and nursing care documentation formats. Data were collected through interviews with the patient and ward nurses, direct observation of patient behavior, physical examination, and review of medical records. Data collection was carried out systematically to obtain both subjective and objective data, which were then analyzed to formulate nursing diagnoses. The study was conducted at Dr. RM Soedjarwadi Regional Mental Hospital, Klaten, from November 18 to November 30, 2024. The collected data were presented in narrative and tabular forms and analyzed by comparing the patient's condition before and after the intervention.

Ethical considerations were also maintained throughout the study, including obtaining informed consent from the patient or family as a form of approval, protecting patient privacy by using initials instead of real names, and ensuring confidentiality that all information was used solely for research purposes. Therefore, this study is expected to provide a comprehensive overview of the application of nursing care for patients with self-care deficits with a specific focus on tooth brushing intervention.

3. RESULTS AND DISCUSSION
Hasil Studi Kasus

1. **Assesment**

a. Patient Identity

Initials   : Ms. Y
Date of Assessment   : November 18, 2024
Age   : 25 years old
Medical Record No.   : 00144XXX
Informant   : Patient and Nurse

b. Reason for Admission

The patient was admitted due to episodes of aggression and anger for the past week, including throwing objects, using offensive language, urinating and defecating in inappropriate places, refusing to take medication, neglecting personal hygiene, refusing to eat and drink, and frequently talking to herself.

c. Predisposing Factors

1. History of previous mental illness.
2. Previous treatment was unsuccessful because the patient was not compliant with medication and follow-up visits, and lacked family support.
3. Trauma   Perpetrator/Age   Victim/Age
                     Victim/Age   Witness/Age

	Perpetrator/Victim	Victim/Witness
Physical abuse	■	–
Rejection	–	–
Violence in the family	–	–
Criminal act	–	–

The patient stated that she had previously experienced a mental disorder, but the treatment was unsuccessful, and she had never experienced physical abuse, sexual abuse, rejection, domestic violence, or criminal acts.

4. family members who experience mental disorders

☐ No   ☑ Yes

Family   :
Relationship   :
Symptoms   :
Medical History :

5. Unpleasant Past Experience
The patient stated that she felt inferior due to an unpleasant past experience, namely failing to advance to the next grade twice when she was in the first grade of elementary school.

d. Physical Examination

1. Vital Signs   : TD : 150/98 mmHg   N   : 90x/min
                      T : 36ºC   RR   : 17x/min
                      SpO₂ : 99%
2. Measurements   : Height   126 cm   Weight   55 kg
3. Physical Complaints : Yes ☑   No ☐

The results of the patient's vital signs examination on November 18, 2024, showed blood pressure 150/98 mmHg, temperature 36ºC, pulse 90x/min, respiratory rate 17x/min, and SpO$_2$ 99%. Subsequent measurements indicated a height of 153 cm and a weight of 55 kg. The patient reported a scratch-like wound on the right leg and an almost-healed wound on the left leg caused by a sharp small stone.

e. Psychosocial

1. Three-generation genogram
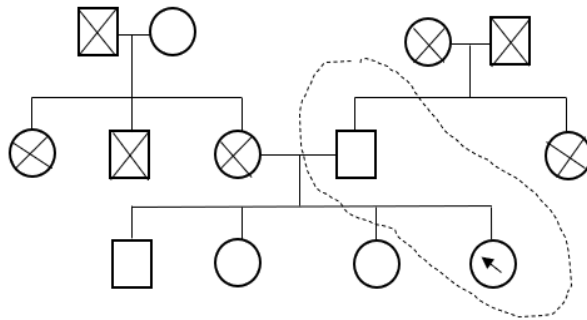
Information :

☐	: Male
◯	: Female
↖	: Patient
X	: Die
—	: Marriage line
|	: Lineage
-----	: Household

The patient is the fourth of four siblings, a 25-year-old woman who lives in the same house with her father.

2) Self-Concept
a) Body Image
The patient stated that she lacks confidence in her body condition and feels that she is unattractive.
b)   Identity
The patient is a 25-year-old woman, unmarried, and unemployed.

  c. **Role**

The patient stated that within her family, she is the fourth child of four siblings and is not employed.

d. **Self-Ideal**

The patient expressed a desire to recover quickly and return home to meet her father.

  e. **Self-Esteem**

The patient stated that she feels inferior and ashamed to interact with others.

f. Mental Status

1. **Appearance**

   The patient appeared untidy, not wearing clothing according to hospital regulations, with dirty hair, dirty teeth, bad breath, dental caries, and dry lips.

2. **Speech**

   During communication, the patient only responded when asked, speaking in a low and slow voice.

3. **Motor Activity**

   The patient appeared lethargic and displayed agitation (motor movements indicating restlessness, such as rubbing her fingers).

4. **Affect**

   The patient showed no change in facial expression during either pleasant or unpleasant stimulation.

5. **Interaction During Interview**

   The patient had difficulty maintaining eye contact with the interviewer.

6. **Insight**

   The patient stated that when her mother was still alive, she often went shopping together for daily needs and walked on foot.

 g. **Coping Mechanism**

   The patient stated that when facing a problem, she usually discusses it with her father.

 h. **Lack of Knowledge About Illness**

   The patient accepts her condition and does not blame herself for the illness she suffers from.

i. Medical Therapy

Table 1 Medical Therapy

Drug Name	Indication	Contraindications
Alprazolam 1x0,5 mg	For generalized anxiety disorder and panic disorder with or without agoraphobia.	Patients who are known to have hypersensitivity to this drug/other benzodiazepine class drugs.

Quetiapine XR 1x200 mg	For the management of schizophrenia, acute panic episodes in sleep disorders, and adjuvant therapy for major depression.	In patients with hypersensitivity to this drug/other ingredients in the preparation.
Trifluoperazin 2x5 mg	For schizophrenia, non-psychotic severe anxiety disorders and antiemetics	In patients with central nervous system dyssensitivity, blood dyscrasias, severe cardiovascular disease, severe hypotension, bone marrow depression, history of liver disorders, prolactin-dependent tumors, subcortical brain damage, and pregnancy in the first trimester and lactation.

1. Data Analysis
Table 4.2 Data Analysis Table

| Date	Focus Data	Problem
18 November 2024	DS : - The patient said he was lazy about showering and brushing his teeth. - The patient said he was lazy about washing his hair. - The patient said he had a scratch on his right foot and a stone wound on his left foot. DO : - The patient's hair appears dirty - Teeth appear dirty and have cavities - Bad breath - Lips appear dry - Defecates and urinates in the open - Refuses to clean himself	Self-care deficit

	- Scratches on his right foot There is a wound on his left foot that appears dry	
18 November 2024	DS: - The patient stated that he felt inferior because he was failed to move up a grade twice in first grade. - The patient stated that he lacked self-confidence in his body and felt ugly. - The patient stated that he felt inferior and embarrassed to interact with others because he felt ugly and was shunned by his neighbors. DO: - The patient often looks down when spoken to. - The patient appears reluctant to interact with others due to self-consciousness.	Low self-esteem
18 November 2024	DS: - The patient said he was embarrassed to interact with other people. - The patient said he was reluctant to participate in activities held around him. DO: - When asked questions, the patient only responded in a low, listless tone. The patient's eye contact appeared to be lacking.	Social isolation

2. List of Problems
a. Self-care deficit
b. Low self-esteem
c. Social isolation

3. Problem Tree
Social Isolation: Withdrawal (Effect)

↑

Self-Care Deficit (Care Problem)

↑
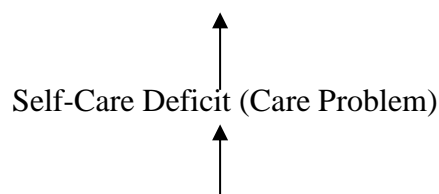
Disturbance in Self-Concept: Low Self-Esteem (Cause)
Source: (Astuti, 2019) in (Nissa, 2023)

4. Nursing Diagnosis

The nursing diagnosis is self-care deficit.

5. Nursing Care Plan

Table 4.3 Nursing Care Plan

Date/Time	Diagnosis	Nursing Care Plan
18/11/24 13:00	Self-care deficit Subjective Data (SD): 1. The patient stated she is lazy to take a bath. 2. The patient stated she is lazy to wash her hair. 3. The patient stated she has a scratch wound on the right leg and a wound on the left leg caused by a stone. Objective Data (OD): 1. Patient's hair appears dirty. 2. Refuses to clean herself. 3. There is a scratch wound on the right leg. 4. There is a wound on the left leg, almost healed.	Goal: The client understands and practices how to maintain personal hygiene. Nursing Actions (SP 1): 1. Explain the importance of personal hygiene. 2. Explain how to maintain personal hygiene. 3. Assist the patient in practicing personal hygiene through bathing and tooth brushing. 4. Encourage the patient to include it in the daily activity schedule.
18/11/24 13:00	Self-care deficit SD: 1. The patient stated she is lazy to eat. 2. The patient stated she is lazy to tidy up utensils after eating. OD: 1. The patient looks reluctant to eat. 2. Appears messy after eating. 3. The patient's clothes appear dirty after eating.	Goal: The client understands and is able to practice proper eating habits. Nursing Actions (SP 2): 1. Evaluate the patient's daily activity schedule. 2. Explain proper eating habits. 3. Assist the patient in practicing proper eating habits. 4. Encourage the patient to include it in the daily activity schedule.
18/11/24 13:00	Self-care deficit SD: 1. The patient stated she is lazy to clean herself. 2. The patient stated she often urinates carelessly. OD: 1. The patient defecates and urinates indiscriminately.	Goal: The client understands and is able to practice proper elimination. Nursing Actions (SP 3): 1. Evaluate the patient's daily activity schedule. 2. Explain proper elimination habits. 3. Assist the patient in practicing proper elimination and include it in the daily activity schedule.
18/11/24 13:00	Self-care deficit SD: 1. The patient stated she is lazy to take care of herself. 2. The patient stated she does not want to groom herself. OD: 1. The patient looks untidy. 2. The patient appears dirty.	Goal: The client understands and practices grooming. Nursing Actions (SP 4): 1. Evaluate the patient's daily activity schedule. 2. Explain grooming. 3. Assist the patient in practicing grooming. 4. Encourage the patient to include it in the daily activity schedule.

6. Progress Notes
Table 4.4 Progress Notes

Date/Time	Diagnosis / TUK / SP	Implementation	Evaluation	Signature
18/11/24 13:00	Self-care deficit **SP 1** 1. Explain the importance of personal hygiene. 2. Explain how to maintain personal hygiene. 3. Assist the patient in practicing personal hygiene through bathing and tooth brushing. 4. Apply tooth brushing. 5. Encourage the patient to include it in the daily activity schedule.	**S:** – The patient stated that after being given an explanation, she would maintain and practice personal hygiene. **O:** – The patient seemed to listen to the explanation but did not practice tooth brushing and nail cutting as instructed. **A:** – SP 1 not resolved. **P:** – Repeat SP 1. 1. Assist the patient in practicing personal hygiene. 2. Encourage the patient to include it in the daily activity schedule.		talitha
19/11/24 09.00 / 12.00	Self-care deficit **SP 1** 1. Assist the patient in practicing personal hygiene through bathing and tooth brushing. 2. Apply tooth brushing. 3. Encourage the patient to include it in the daily activity schedule. **SP 2** 1. Explain proper eating habits. 2. Assist the patient in practicing proper eating habits. 3. Apply tooth brushing. 4. Encourage the patient to include it in the daily activity schedule.	**S:** – The patient said she would practice the explanation given yesterday about maintaining personal hygiene. **O:** – The patient still remembered yesterday's explanation about personal hygiene. – The patient brushed her teeth and cut her nails with assistance. **A:** – SP 1 resolved. **P:** – Continue to SP 2. 1. Explain proper eating habits. 2. Assist the patient in practicing proper eating habits. 3. Encourage the patient to include it in the daily activity schedule. **S:** – The patient said she understood the explanation about proper eating habits. **O:** – The patient appeared to practice proper eating habits. **A:** – SP 2 resolved. **P:** – Continue to SP 3. 1. Evaluate the patient's daily activity schedule. 2. Explain proper elimination habits. 3. Assist the patient in practicing proper elimination and include it in		talitha

Date/Time	Diagnosis / TUK / SP	Implementation	Evaluation	Signature
		the daily schedule. 4. Encourage the patient to include it in the daily activity schedule.		
20/11/24 17:00	Self-care deficit **SP 3** 1. Evaluate the patient's daily activity schedule. 2. Explain proper elimination habits. 3. Assist the patient in practicing proper elimination and include it in the schedule. 4. Apply tooth brushing. 5. Encourage the patient to include it in the daily activity schedule. **SP 4** 1. Explain grooming. 2. Assist the patient in practicing grooming. 3. Apply tooth brushing. 4. Encourage the patient to include it in the daily activity schedule.	**S:** – The patient said she had practiced the activities taught yesterday. – The patient also said she understood the explanation about proper urination and defecation. **O:** – The patient was able to carry out the actions explained yesterday. – The patient appeared to urinate and defecate properly. **A:** – SP 3 resolved. **P:** – Continue to SP 4. 1. Explain grooming. 2. Assist the patient in practicing grooming. 3. Encourage the patient to include it in the daily activity schedule. **S:** – The patient said she understood the grooming techniques explained. **O:** – The patient was able to comb her hair independently. **A:** – SP 4 resolved. **P:** – Continue evaluating daily SP 1–SP 4.	talitha	

Discussion

This scientific paper discusses nursing care for Ms. Y with the main problem of self-care deficit, focusing on tooth brushing, which includes assessment, data analysis, nursing interventions, nursing implementation, and nursing evaluation provided from November 18, 2024, to November 20, 2024.

Self-care deficit is a common condition among patients with mental disorders, where they experience difficulties in performing basic activities such as personal hygiene, including tooth brushing. According to research by Santoso et al. (2020), around 65% of patients with mental disorders experience self-care deficits due to lack of motivation and cognitive impairment. Another study by Puspita Sari et al. (2021) also stated that poor self-care can increase psychological symptoms in patients and reduce their quality of life.

1. Assessment

From the results obtained, the patient, Ms. Y, a 25-year-old female, was brought by her family on November 16, 2024, due to aggression and anger over the past week, throwing objects, using offensive language, defecating and urinating in inappropriate places, refusing

medication, neglecting personal hygiene, refusing to brush her teeth, refusing food and drink, and frequently talking to herself.

Upon assessment, the patient stated that she had previously experienced a mental disorder, but the treatment was unsuccessful. She reported feeling inferior due to unpleasant past experiences, such as failing twice in first grade, lacking confidence in her body, and feeling unattractive. The patient also reported being lazy to bathe, brush her teeth, and wash her hair. Clinically, she was observed with dental caries, halitosis, dry lips, a scratch wound on her right leg, and a wound on her left leg caused by a stone.

According to Novianingsih et al. (2022), the main factors causing self-care deficits in mental disorder patients include low self-esteem, lack of motivation, and psychological disturbances. Handayani et al. (2019) found that patients with low self-esteem tend to neglect personal hygiene because they feel worthless. This condition is further worsened by feelings of inferiority due to academic failure, leading to loss of motivation for self-care. The assessment results of this study are consistent with these findings, showing no significant differences.

2. Diagnosis

Based on the assessment, the nursing diagnosis established was self-care deficit (D.0109). This was supported by patient data indicating laziness in bathing, brushing teeth, washing hair, along with findings of dental caries, halitosis, dry lips, and wounds on the legs. According to PPNI (2018), self-care deficit is defined as an individual's inability to perform or complete self-care activities. In this case, the patient experienced self-care deficit particularly in tooth brushing, which impacted both her oral health and psychological well-being.

3. Intervention

For Ms. Y's self-care deficit, the main intervention was assisting the patient in tooth brushing and applying Implementation Strategies (SP 1–4). Tooth brushing is a crucial aspect of self-care that is often neglected by patients with self-care deficits. Patients with difficulty in this activity are at high risk of developing dental problems such as cavities and gum disease (Polk, 2020).

A study by Sullivan (2018) showed that direct assistance in tooth brushing improved oral hygiene in patients with physical mobility impairments. Another study revealed that structured and participatory approaches, such as strategies SP 1–4, improved patient independence in self-care and reduced dependency on healthcare workers (Wade, 2017). With proper nursing interventions, it is expected that the patient will follow guidance and be motivated to maintain personal hygiene.

Implementation

Implementation included tooth brushing education and the application of SP 1–4 with behavior modification methods, such as modeling, where the nurse demonstrated proper tooth brushing techniques and encouraged the patient to imitate. According to Fitriani et al. (2019), modeling is effective in enhancing patients' self-care skills by providing visual stimuli that reinforce motor learning. Additionally, modeling increases patient confidence through observational learning. Susanti et al. (2021) reported that nurse-led modeling improved patient independence in personal hygiene by 60% compared to verbal instruction alone.

A reward system was also applied, offering praise or small incentives whenever the patient successfully brushed her teeth. Finally, a daily schedule was developed to help the patient build routines by setting fixed times for tooth brushing every morning and evening. Yuliana et al. (2018) emphasized that reward systems are effective behavioral therapy tools for mental disorder patients, as they respond positively to simple, pleasant external stimuli. Sulistyowati

(2020) found that consistent rewards increased self-care compliance in mental disorder patients by 70%.

Implementation was carried out over three days, from November 18 to November 20, 2024. On November 18, SP 1 was applied, including explaining the importance of hygiene, teaching and practicing tooth brushing, assisting with hygiene activities, and recommending the inclusion of hygiene in the daily routine. On November 19, SP 1 was reinforced and SP 2 was introduced, focusing on proper eating habits. On November 20, SP 3 was implemented, involving evaluation of the daily schedule, education on proper elimination, and support for independent toileting, followed by SP 4, which included grooming practices.

In every session, tooth brushing education was emphasized as the main focus to ensure the patient consistently practiced it as part of her routine. According to Sari et al. (2020), routine education and assistance in tooth brushing significantly improved oral hygiene and reduced the risk of periodontal disease in psychiatric patients.

Evaluation

Nursing evaluation is the final stage of the nursing process, aimed at assessing the effectiveness of interventions in achieving planned goals. Evaluation involves measuring patient responses, both subjectively and objectively, to the nursing care provided (Potter & Perry, 2020).

On November 18, the patient listened attentively and stated willingness to practice hygiene but did not brush her teeth or cut her nails as instructed. At this initial stage, lack of motivation and low self-confidence likely hindered behavior change. Research shows that low motivation and poor self-efficacy are significant barriers to self-care practices (Bodenheimer et al., 2022). Lack of understanding of the importance of dental hygiene may also reduce willingness to participate (Lloyd et al., 2020).

On November 19, SP 1 was repeated to strengthen motivation. The patient began practicing tooth brushing and nail cutting, as well as applying SP 2 on proper eating habits. This improvement was linked to increased motivation following education and support. Reinforcement and positive feedback encouraged behavior adoption, consistent with behavioral theories (Skinner, 2023). Emotional support and step-by-step guidance also enhanced patient confidence (Lorig, 2021).

On November 20, the patient reported practicing the activities taught, understanding toileting and grooming, and demonstrated proper elimination using the toilet. She also showed independence in combing her hair. Over time, improved motor and cognitive functions helped the patient recognize bodily cues and maintain hygiene independently (Jarvis, 2025).

After three days of interventions, the patient began brushing her teeth regularly according to the daily schedule, better understood the importance of hygiene, and showed increased confidence in social interactions and daily activities. With minimal guidance, she was able to perform self-care independently.

4. CONCLUSION

Based on the results of the case study, nursing care for Ms. Y with a self-care deficit, focusing on tooth brushing, proved effective in increasing self-care awareness in patients with self-care deficits.

1. The assessment findings on Ms. Y showed that the patient often defecated and urinated indiscriminately, refused to take medication, refused to clean herself, refused to brush her teeth, refused to eat and drink, and frequently talked to herself.

2. The main nursing diagnosis for Ms. Y was self-care deficit.
3. The primary intervention was assisting the patient with tooth brushing and applying the Implementation Strategies (SP 1 to 4).
4. Nursing implementation was carried out over three days and included tooth brushing education and the application of SP 1–4 with behavior modification, consisting of modeling, in which the nurse demonstrated proper tooth brushing techniques and encouraged the patient to imitate them.
5. The nursing evaluation showed that Ms. Y began brushing her teeth regularly according to the daily schedule that had been created. She also developed a better understanding of the importance of personal hygiene and began to show increased self-confidence in social interactions and participation in daily activities. With minimal guidance, the patient was able to perform self-care independently.

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