



## MANAGEMENT OF GERIATRIC NURSING CARE WITH SERVICE EXCELLENT FOR MR. N WITH XEROSIS CUTIS AT THE SOCIAL ELDERLY

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### ABSTRACT

**Background:** Xerosis cutis, or dry skin, is a common health issue among the elderly due to physiological changes in the integumentary system. This condition can cause discomfort, sleep disturbances, and even a decreased quality of life. A preliminary survey at the UPTD Social Services for the Elderly in Binjai showed that 13.5% of the 198 elderly residents experienced skin disorders, including xerosis cutis. **Objective:** This study aims to describe the management of gerontological nursing care with service excellence for Mr. N with xerosis cutis at the UPTD Social Services for the Elderly in Binjai, North Sumatra Province, in 2025. **Methods:** This study is a case study using a structured nursing care approach that includes six stages: assessment, nursing diagnosis, intervention, implementation, evaluation, and documentation. Data were collected through observation, interviews, and physical examinations. **Results:** The nursing care provided, including focused skin care, education on personal hygiene, and routine use of emollients, helped reduce xerosis symptoms in Mr. N. The nursing interventions contributed to increased comfort, improved self-confidence, and enhanced quality of life. **Conclusion:** Structured and needs-based nursing care using a gerontological approach is effective in managing xerosis cutis. This approach is expected to serve as a reference for delivering optimal and high-quality nursing services for the elderly in social institutions.

**Keywords:** Management, Geriatric, Nursing Care, Excellent

### Introduction

Sustainable Development Goals (SDGs) target 3.4 emphasizes the reduction of premature mortality from non-communicable diseases (NCDs) through prevention, treatment, and promotion of health and mental well-being by 2030. Xerosis cutis, or dry skin, is one of the common NCD-related conditions that significantly affects the quality of life of older adults. If left untreated, it can lead to complications such as persistent itching, sleep disturbances, secondary infections, and even depression. Effective management through skin care education, routine use of moisturizers, and regular monitoring is a crucial part of promotive

and preventive strategies supporting the SDGs, particularly for vulnerable elderly populations (BUKU SAKU SDGs, 2024).

In Indonesia, the government has implemented various programs to improve elderly welfare, including the National Ageing Strategy, which focuses on enhancing elderly health through community-based services such as Posyandu Lansia and integrated social care units. These initiatives provide skin health education, basic care assistance, and comprehensive geriatric services to help older adults maintain their independence and dignity (SKI, 2023).

Age-related physiological changes in the integumentary system, such as decreased sebaceous and sweat gland

activity, reduced skin elasticity, and slower tissue regeneration, make elderly individuals more susceptible to xerosis cutis. Studies show that the prevalence of xerosis among older adults can reach 50–80% in Indonesia, which highlights the importance of proper geriatric nursing care focusing on both physical and psychosocial aspects (Indranarum et al., 2022).

A preliminary survey at the Social Elderly Service Unit (UPTD) in Binjai, North Sumatra, found that out of 198 elderly residents, 27 people (13.5%) suffer from skin-related conditions, including xerosis cutis. Here, nurses play a critical role as care providers, educators, and managers in delivering holistic nursing services aligned with national health regulations and professional standards. Quality geriatric nursing management that integrates *service excellence* principles is expected to support elderly clients in maintaining their skin health, enhancing their self-esteem, and improving their overall well-being (Eliza & Ervianti, 2024).

Proper nursing interventions for xerosis cutis include comprehensive skin assessments, education about daily skin care routines, and the consistent use of emollients. Nurses also need to motivate elderly patients to maintain adequate fluid intake and balanced nutrition to support skin health from within. In addition, monitoring for signs of infection, teaching proper wound care, and encouraging behavioral changes such as avoiding scratching are essential parts of integrated care. By combining promotive, preventive, and rehabilitative efforts, nurses help reduce the risk of complications and contribute directly to achieving the SDGs target in elderly care (Wood, 2018).

Through consistent nursing interventions and collaboration with families and caregivers, the risk factors of

xerosis cutis can be minimized. Good communication between nurses and elderly clients is vital to ensure understanding and compliance with skin care instructions. Continuous evaluation and follow-up are also necessary to adjust care plans according to the patient's condition and response to treatment. Thus, professional geriatric nursing care plays an important role in promoting healthy aging, preventing skin complications, and supporting the government's vision of healthy, productive, and independent older adults in Indonesia.

## Research Method

This study employed a descriptive case study approach to conduct an in-depth examination of a single elderly patient diagnosed with xerosis cutis at the Social Elderly Service Unit (UPTD) in Binjai, North Sumatra. The study was conducted over two periods, from March 24–27, 2025, and April 8–9, 2025. The subject of this case study was Mr. N, an elderly resident at Wisma Tanjung, who was selected based on the presence of xerosis cutis requiring nursing care and topical treatment. Data were collected using multiple methods, including structured interviews, direct observation, physical examination (inspection, percussion, palpation, and auscultation), and document review. The primary data were obtained directly from the patient through interviews and physical assessments, while secondary data were gathered from nursing records and medical files available at the service unit (Widodo et al., 2023).

Data collection tools included a standardized geriatric nursing assessment format to ensure comprehensive and systematic data gathering. The data analysis process began concurrently with data collection and continued until all relevant information had been organized



and interpreted. Findings were compared with existing theories and previous research to identify patterns, confirm nursing diagnoses, plan appropriate interventions, and propose recommendations to improve geriatric nursing care for xerosis cutis patients (Muh Jasmin, Risnawati, Rahma Sari Siregar, 2023).

## Result

This study was conducted to describe the nursing care process for Mr. N, a 69-year-old male living at the Social Elderly Service Unit (UPTD) Binjai, North Sumatra, who was diagnosed with xerosis cutis. The nursing care was carried out in two stages: March 25–27 and April 8–9, 2025, using a case study approach. During the assessment, Mr. N reported that his skin felt dry, rough, and itchy, especially on his lower legs and arms. The persistent itching often disturbed his sleep at night, making him feel uncomfortable and tired during the day. He also admitted that he rarely used moisturizer because he felt lazy and did not know its importance. Direct observation showed that his skin appeared rough, dry, and scaly with visible fine fissures on several areas. Decreased skin turgor indicated mild dehydration. Although Mr. N frequently scratched the itchy areas, no open wounds or signs of infection such as redness, swelling, or discharge were found at the time of assessment.

**Nursing Diagnosis:** Based on the findings, three main nursing problems were identified: Impaired skin integrity, due to dry, scaly skin with emerging fissures; Discomfort related to pruritus, since the itching disturbed Mr. N's rest and daily comfort; Risk of infection, considering the presence of small fissures and repeated scratching that could cause

skin breaks and allow microorganisms to enter.

These diagnoses were closely related and needed to be managed simultaneously to achieve optimal outcomes.

**Nursing Intervention:** The main goals of the interventions were to restore skin moisture, reduce itching to improve comfort and sleep quality, and prevent possible skin infections. Specific nursing actions included recommending Mr. N to apply a moisturizer or emollient at least twice a day — after bathing and before bedtime. Mr. N was advised to limit bathing time, use lukewarm water instead of hot water, and switch to a gentle, fragrance-free, alcohol-free soap. He was encouraged to wear loose, soft clothing to avoid irritating the skin and to avoid direct scratching by using gentle tapping or cold compresses if itching became severe. Relaxation techniques were introduced to help him fall asleep more easily and reduce scratching at night.

**Nursing Implementation:** The interventions were implemented through direct education, demonstrations, and daily reminders. Mr. N was taught how to apply moisturizer correctly and reminded to drink sufficient water to help maintain skin hydration from within. Nurses checked his skin condition daily, cleaned dry or fissured areas properly, and provided support to manage itching without scratching. Staff at the elderly care facility were involved to remind Mr. N to apply moisturizer regularly, monitor any changes in his skin condition, and ensure personal and environmental hygiene, including changing clothes and bed linen regularly to minimize irritation and infection risk.

**Nursing Evaluation:** Evaluation showed that two nursing problems — discomfort due to itching and risk of infection — were resolved during the care



period. Mr. N's skin appeared softer, better moisturized, and less scaly, with reduced fissures. He reported that itching had significantly decreased and that he could sleep more comfortably at night without waking up frequently to scratch. No new wounds or signs of infection were found, and Mr. N was able to explain and

## Discussion

Mr. N is a 69-year-old Javanese male who identifies as Muslim and is married. He completed his last education at junior high school and now lives in a nursing home due to financial limitations and having no caregiver at home. Health data were gathered through direct interviews and a medical record review. His vital signs were stable with a blood pressure of 130/80 mmHg, respiratory rate of 21 breaths per minute, and heart rate of 82 beats per minute. On examination, his general condition was *compos mentis* with dry, scaly skin mainly on the arms and lower legs, with mild redness and scratch marks in some areas. He complained of persistent itching that disturbed his sleep, and he admitted being reluctant to apply moisturizer regularly. Psychosocially, Mr. N stays connected with his family, especially his child, and maintains his spiritual routine by praying daily and listening to sermons every Friday at the nursing home's mosque (zega, 2023).

Mr. N maintains a regular daily routine. He eats three times a day with a good appetite, usually consuming rice and side dishes but tends to avoid seafood. His body weight is 58 kg and height is 162 cm. His elimination pattern is normal, with urination four times a day and defecation once daily, without complaints. He showers twice daily using soap, brushes his teeth twice, washes his hair every day, and trims his nails weekly. He sleeps around six hours at night with a two-hour

demonstrate how to care for his skin independently. Although his skin integrity still required ongoing care, the improvement indicated that the nursing plan was effective and appropriate for supporting his comfort and quality of life in the elderly care facility.

nap in the afternoon, although his sleep can be disturbed by nighttime itching. He does light exercise twice a week and enjoys walking around the nursing home. Mr. N does not smoke, drink alcohol, or use addictive substances. His daily habits show he understands basic hygiene, but sometimes his skin care is neglected due to lack of motivation. Overall, Mr. N is cooperative and open to following advice to improve his skin condition and comfort (Maryunani, 2016).

### Diagnoses

Based on the findings, three priority nursing problems were identified:

1. Impaired skin integrity related to the aging process as evidenced by dry, cracked skin and scratch wounds.
2. Discomfort due to itching and sleep disturbance, marked by frequent scratching and skin irritation.
3. Risk of infection related to open scratch wounds, lack of consistent moisturizer use, and poor skin hydration.

These nursing problems highlight the need for comprehensive interventions that address not only the physical symptoms but also Mr. N's habits and understanding of self-care. His reluctance to apply moisturizer regularly and tendency to scratch when feeling itchy increase the risk of worsening skin damage and secondary infection. Therefore, nursing care should focus on promoting better skin hydration, encouraging protective behaviors, and

strengthening patient education. By combining direct skin treatments, patient motivation, and consistent monitoring, it is expected that Mr. N's skin condition can improve steadily while preventing further complications.

#### Interventions

To address these problems, the nursing team planned holistic interventions. For skin integrity, the nurse focused on identifying the underlying causes of dryness, encouraging good nutrition and fluid intake, advising short warm baths instead of hot water, and applying moisturizers such as baby oil or olive oil twice daily. The patient was taught the importance of wearing loose, soft clothing to minimize skin friction.

To manage discomfort, the nurse regularly assessed the intensity, location, and triggers of itching, taught the patient to resist the urge to scratch, and ensured that nails were trimmed to prevent new wounds. Warm compresses were applied when itching was severe. The patient was also educated about self-care measures to reduce irritation and maintain skin moisture.

For infection risk, the nurse observed the skin daily for any signs of infection, cleaned scratch wounds using sterile techniques, motivated Mr. N to maintain hand hygiene, change clothes regularly, and consistently use moisturizers to strengthen the skin's protective barrier.

#### Implementation

Over three days, the planned interventions were carried out systematically. The nurse applied baby oil every morning and night after Mr. N showered using warm water and mild soap. He was encouraged to drink sufficient water daily and eat a balanced diet to support skin health from within. During care, the nurse gently cleaned scratch wounds and monitored the healing

process. Mr. N wore loose clothing to prevent friction and was reminded not to scratch when itching occurred. Education sessions were repeated to ensure Mr. N understood how to care for his skin independently, including how to properly apply moisturizer, keep his nails trimmed, and recognize early signs of skin irritation or infection. Family communication was maintained to provide additional support if needed.

In addition, the nurse also encouraged Mr. N to join light physical activities such as morning stretching and short walks around the care home to maintain blood circulation, which can support skin regeneration. Emotional support was provided to motivate Mr. N to remain consistent in his daily skin care routine, as emotional well-being plays an important role in treatment compliance. The nurse also coordinated with other staff in the care home to help remind Mr. N to apply moisturizer and report any new complaints immediately. This collaborative approach ensured that Mr. N received continuous assistance, making him feel more confident and comfortable in managing his skin condition.

#### Evaluation

After three days of nursing care, significant progress was noted. Mr. N's skin appeared more moisturized and less flaky, scratch marks showed healing, and no new wounds or signs of infection were found. He reported that itching had decreased, his sleep improved, and he felt more comfortable overall. He became more disciplined in applying baby oil and drinking more water. Mr. N also showed better understanding and motivation to maintain his skin condition by wearing clean clothes, practicing hand hygiene, and avoiding scratching. This indicates that the nursing goals were effectively met: the skin barrier improved, discomfort was



reduced, and the risk of infection was minimized through patient cooperation and ongoing education (Sembiring et al., 2020).

### Conclusion and Suggestion

Based on the nursing care provided to Mr. N, a 69-year-old client with xerosis cutis, it can be concluded that a systematic nursing process—from assessment, diagnosis, intervention, implementation, evaluation, to documentation—has effectively improved skin condition, reduced discomfort, and increased the patient's self-care ability. Overall, this care helped maintain skin integrity, prevent

complications, and enhance the patient's quality of life.

### Suggestion

It is recommended that future researchers expand similar studies with broader populations and mixed methods to strengthen data validity. Care institutions are advised to implement standard skin care protocols, provide adequate facilities, and regularly educate staff and residents. Nursing education should emphasize gerontological skin care management to equip students with practical skills. Lastly, patients should be encouraged to adopt consistent skin care routines to maintain comfort and prevent further issues.

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