

MANAGEMENT OF GERONTIC NURSING CARE WITH SERVICE EXCELLENT FOR MR. J WITH ATOPIC DERMATITIS AT THE BINJAI SOCIAL SERVICES FOR THE ELDERLY DEPARTEMENT OF SOCIAL SERVICES NORTH SUMATRA PROVINCE IN 2025

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ABSTRACT

Atopic dermatitis is a chronic inflammatory skin condition that commonly affects elderly individuals due to age-related immune decline and suboptimal personal hygiene practices. This condition not only causes significant discomfort but can also lead to complications that impact the quality of life in older adults. In the Binjai Elderly Social Service Unit (UPTD), North Sumatra, 8 out of 198 residents (4.04%) were reported to have symptoms consistent with atopic dermatitis. Among these, Mr. J, a 65-year-old resident, presented with notable clinical features such as persistent itching, skin lesions due to scratching, dry skin, and disturbed sleep patterns. To address this issue, a comprehensive geriatric nursing care management plan was implemented using a service excellent approach, aimed at improving patient comfort and promoting effective self-care. The study employed a descriptive case study method conducted from March to April 2025, using direct interviews, observations, physical examinations, and documentation to gather data. Through the nursing process—assessment, diagnosis, planning, implementation, and evaluation—the nursing team identified three primary problems: impaired skin integrity, discomfort due to itching, and a deficit in self-care. Interventions included the use of emollients, administration of topical hydrocortisone cream, education on personal hygiene, and strategies to encourage patient motivation and independence in daily care. The outcomes demonstrated a marked improvement in skin condition, reduction in itching, improved sleep quality, and increased awareness and participation in personal hygiene practices. This case study highlights the critical role of nurses in delivering holistic, patient-centered care to elderly individuals suffering from atopic dermatitis. A service excellent approach, grounded in empathy, education, and evidence-based interventions, proves to be a powerful model in managing chronic skin conditions in geriatric settings.

Keywords: *Atopic dermatitis, geriatric nursing care, elderly*

Introduction

Goal 3.4 of the SDGs, "Noncommunicable Diseases and Mental Health," aims to "reduce premature mortality from noncommunicable diseases and promote mental health and well-being." This aligns with the vision of the Diploma in Nursing Program, which aspires to become a leading provider of nursing science and technology development in gerontic nursing with chronic illness care—delivering excellent, innovative, high-integrity, and competitive services at the national and regional (Asia) levels by 2030.

The fourth mission of STIKes Mitra Husada Medan is "to develop evidence-based healthcare practices," in alignment with SDGs Goal 3.4. This mission was reflected in the implementation of nursing care at the UPTD Social Service for the Elderly in Binjai, North Sumatra, in 2024. This also supports the Ministry of Health's efforts to improve public health, particularly in managing Atopic Dermatitis (AD).

Elderly individuals, defined as those aged 60 and above, undergo various physical, mental, and social changes. These changes include decreased physical strength, stamina, and appearance, which can trigger depression or dissatisfaction during aging—a process referred to as the "aging process" (Tristante, 2020).

This age group is considered vulnerable and at higher risk for various medical conditions, including skin diseases. This is due to declining functional capacity of organs, reduced self-care awareness, and a weakened immune system—particularly in those with chronic diseases—which increases susceptibility to skin infections such as eczema (Moudy J. & Syakurah A.E, 2020). According to Rakhimatulfitria (2024), atopic dermatitis (AD) is a chronic skin disease

characterized by intense itching, red rashes, and dry skin that may lead to skin damage. Over the last 30 years, the global prevalence of AD has increased significantly, ranging from 0.9% to 22.5%. It is more common in children (20%) compared to adults (3%). Environmental and genetic factors are identified as major contributors, including hot and humid climates, poor hygiene, and low socioeconomic status.

The incidence of dermatitis is rising across all age groups. WHO reports over 900 million people globally suffer from skin diseases, with 80% affected by dermatitis. In the U.S., about 90% of skin conditions are dermatitis, with irritant contact dermatitis at 80% and allergic dermatitis at 14–20% (No et al., 2024).

Atopic dermatitis affects 15–20% of children and 2–10% of adults. Based on ECRHS, AD prevalence is 4.9% in the U.S., 4.2% in Switzerland and Spain, 5.1% in Germany, and 17.6% in Estonia. ISAAC found AD rates in 56 Asian countries range from 0.3% to 20.5%, with the highest in Hong Kong (20.1%), Singapore (17.9%), and Japan (2.1%) (Intan, 2021).

The 2018 Riskesdas recorded a 6.8% national AD prevalence in Indonesia. BPS (2019) listed skin diseases among the top 10 in Medan with 43,042 cases (8.69%), including 23,527 (4.75%) from allergies and 19,513 (3.94%) from infections (Malau et al., 2024).

The Indonesian government has implemented various comprehensive programs to address AD, including training and webinars for healthcare workers to improve competency in managing AD, particularly the safe use of topical corticosteroids in vulnerable groups such as the elderly. National Guidelines for the Diagnosis and Management of AD have also been issued by KSDI (Indonesian Pediatric Dermatology Study

Group) and IDAI (Indonesian Pediatric Society), with specific therapeutic adjustments for elderly patients. At the primary care level, community health centers (Puskesmas) play a crucial role in early screening, mild case management, hygiene education, and infection prevention. In addition, national health insurance (BPJS) supports access to ongoing healthcare services for the elderly. Despite these efforts, issues remain unresolved, emphasizing the need for local research.

The rising incidence of dermatitis is associated with environmental and hygiene factors. In the case of Mr. J, environmental triggers such as air pollution contributed to the onset of AD, exacerbated by his background as a pedicab driver. Izdiyar et al. (2024) found that air pollutants (e.g., carbon monoxide, nitrogen dioxide, fine particles) can trigger immune responses through the generation of reactive oxygen species (ROS), which activate cytokines and Th2 cells—resulting in inflammation and worsening symptoms. Abdurrauf Irawan & Mahmudah (2024) also reported a significant relationship between personal hygiene and AD, as self-care habits directly affect physical and psychological well-being.

To address these challenges, gerontic nursing care was administered to a patient with AD at UPTD Pelayanan Sosial Lanjut Usia Binjai in March 2025. An initial survey found that 8 out of 198 residents (4.04%) in 18 housing units had dermatitis. Mr. J was selected as the research subject due to visible and severe AD symptoms.

Furthermore, Ministry of Health Regulation No. 26 of 2019—implementing Law No. 38 of 2014 on Nursing—requires nurses to hold a Nursing Registration Certificate (STRP) and a Nursing Practice License (SIPP) to provide legal and

professional care. Law No. 17 of 2023 on Health reinforces the government's responsibility to provide comprehensive healthcare services and ensure access to chronic skin disease management. These regulations form the legal basis for delivering nursing care to Mr. J and other elderly individuals with AD.

The primary goal of AD management in the elderly is to restore and maintain skin barrier function, prevent relapse, reduce inflammation, and enhance quality of life. Non-pharmacological therapies include gentle cleansing with fragrance- and dye-free soap substitutes, daily moisturizing (2–3 times/day) using emollients, humectants, and occlusives (e.g., petrolatum, liquid paraffin), and avoiding triggers such as allergens, pollution, and extreme temperatures. Behavior modification is necessary to reduce excessive scratching. Holistic, multidisciplinary support involving nurses, physicians, family members, and caregivers is crucial in facilitating behavioral change. Pharmacological treatments may be used when indicated, including topical corticosteroids for active lesions and antihistamines to reduce itching and improve sleep (Sensitivitas et al., 2022).

Article 47 of Law No. 36 of 2009 on Health mandates the government and health workers to ensure optimal healthcare. The government must provide adequate, equitable facilities, while health workers, including nurses, must follow professional standards and procedures. In AD management, nurses are key in assessing skin conditions, educating patients on care, and preventing recurrence. This regulation reinforces collaboration between government and health professionals to deliver safe, quality, and patient-centered care.

Research Method

This research is a descriptive case study conducted from March to April 2025. The subject is Mr. J, a 65-year-old elderly man residing at the UPTD Social Service for the Elderly Binjai. Data were collected through interviews, observations, and physical examinations using a nursing assessment

Result

The initial assessment conducted on Mr. J revealed a main complaint of severe itching experienced in several parts of his body, specifically on his neck, arms, fingers, and back. This complaint has persisted for some time and has worsened due to the frequent scratching actions taken by the patient, resulting in lesions or open wounds in those areas caused by repeated scratching. Furthermore, Mr. J also reported prolonged difficulty sleeping, often waking up at night due to discomfort caused by the itching. This condition is exacerbated by the patient's lack of motivation to maintain personal hygiene, such as being reluctant to bathe or change clothes, which aggravates his skin condition. From these complaints, the primary diagnoses emerged: Impaired skin integrity, Impaired comfort, and Self-care deficit.

Meanwhile, in nursing diagnosis theory, there are five that emerged as follows: impaired skin integrity, discomfort, self-care deficit, knowledge deficit related to lack of exposure to information sources, and risk of infection.

After a planned and directed nursing intervention was carried out for three consecutive days, the evaluation results on the third day indicated significant improvements in the patient's condition, which included education on personal hygiene, the use of emollients and topical creams, as well as an empathetic approach

by the nurses. The intense itching previously experienced has begun to decrease gradually. The patient has started to show initiative to bathe regularly every day and maintain the cleanliness of their body and clothing. Additionally, the patient's sleep patterns have also improved, as evidenced by deeper sleep and less frequent awakenings at night. This indicates that the nursing care provided has positively impacted the patient's physical and psychological condition.

Discussion

The writer conducts an assessment process on Mr. J through anamnesis and physical examination using an assessment format. The assessment was carried out on March 25, 2025, with the source of information coming from the patient himself, a 65-year-old male. Mr. J was admitted to the UPTD Social Services for the Elderly on October 28, 2024. Currently, Mr. J is experiencing Atopic Dermatitis.

During the assessment, the patient appeared to be scratching his skin, which looked red or showed hyperpigmentation. Vital signs were recorded as follows: BP 140/80 mmHg, RR 22 breaths/min, HR 80 beats/min, T 36.3°C. The factors that trigger dermatitis are divided into two: endogenous factors such as age, race, gender, and genetic history. Exogenous factors include allergens, chemicals, irritants, and environmental factors (Hudman, 2023). Based on the assessment, the triggering factor for dermatitis in Mr. J is the exogenous factor, specifically the environmental factor, as Mr. J previously worked as a pedicab driver, and he stated he has no history of food allergies. Dermatitis is influenced not only by poor hygiene practices and limited knowledge

but can also be triggered by environmental factors.

After an assessment was conducted on Mr. J, the following relevant diagnoses were obtained according to his complaints and symptoms: (1) Skin integrity impairment related to changes in circulation indicated by the presence of lesions on the skin, with changes in skin pigmentation. (2) Sensory disturbance related to disease symptoms (dermatitis) evidenced by the patient complaining of discomfort due to itching; the patient appears restless and scratches his neck, complaining of difficulty sleeping. (3) Self-care deficit related to decreased motivation/interests (bathing), evidenced by the patient stating he bathes 3-4 times a week, shows body odor, and his clothes appear dirty; the patient expresses laziness to bathe.

In this case, the nursing interventions implemented have been consistent with the interventions outlined in the theory. The goals and outcome criteria were established based on the Indonesian Nursing Intervention Standards (SIKI).

In the implementation phase, the nurse carries out the planned interventions systematically to address the nursing problems experienced by the client. In the case of Mr. J, the interventions were conducted over three consecutive days. For the first diagnosis, the main action taken by the author for Mr. J was applying olive oil to the itchy skin areas. This action aims to maintain skin moisture and reduce the frequency of scratching that could worsen the skin condition. Olive oil was used because it contains a high amount of vitamin E, which is beneficial for nourishing and maintaining skin health (Pokhrel, 2024). For the second diagnosis, health education was carried out for Mr. J to increase motivation for personal hygiene improvement. For the third

diagnosis, the implementation involved providing bathing equipment such as a toothbrush, toothpaste, and antiseptic soap (A Sembiring, 2024).

In the evaluation stage, the nurse assesses the success of the nursing actions based on the goals and outcome criteria established during the planning stage. The evaluation is conducted for each nursing diagnosis after interventions have been implemented for three consecutive days. In the first diagnosis after implementation on day 3, there was a positive change observed, where the patient's skin appeared more hydrated after being treated with olive oil to maintain skin moisture. Additionally, the patient also used 2.5% Hydrocortisone cream from the doctor after bathing to reduce itching, thereby avoiding scratching that could worsen skin damage (Sureda et al., 2023). This can help reduce skin integrity issues, although pigmentation changes have not completely disappeared. In the second diagnosis after the third day of implementation, the patient reported a decrease in itching and discomfort, although there was still some itching present, indicating a positive response to the intervention. In the third diagnosis, the self-care deficit was related to decreased motivation and interest in personal hygiene (Z Batubara, A Sembiring, IS Surbakti, 2021).

After three days of providing education on the importance of maintaining personal hygiene, the patient began to show changes, although they had not fully established regular bathing habits. This indicates that the interventions have a positive effect on the client's motivation for self-care.

Conclusion and Suggestion

Management of Excellent Service in Gerontic Nursing Care for Mr. J with atopic dermatitis has been systematically and effectively carried out through five stages of the nursing process, which are: assessment, diagnosis, intervention,

implementation, and evaluation. This nursing care implementation considers the physical, psychological, social, and spiritual aspects of elderly clients, and is based on the principles of gerontic nursing that focus on patient safety and comfort.

In the process of assessing gerontological nursing, it was found that Mr. J has been experiencing atopic dermatitis for about 2 years, is in a state of full consciousness, and from the interview results with Mr. J, it was found that the causes of atopic dermatitis are environmental factors and a lack of personal hygiene. The nursing diagnosis was established based on complaints and physical examination results of Mr. J, and three main diagnoses were found, namely Impaired skin integrity, Discomfort, and Self-care deficit. Nursing interventions were carried out according to the plan that had been prepared, referring to the Indonesian Nursing Intervention Standards (SIKI), and the action plan was included in the case study according to the problems formulated regarding Mr. J. Based on the evaluation results of Mr. J, it was found that the level of independence in caring for the skin or skin tissue had improved. However, issues related to skin integrity/tissue were still found, so Mr. J still requires motivation and guidance in meeting personal hygiene needs, such as bathing and getting dressed.

Suggestions

For educational Institution: It is expected to increase references so that students, especially those in the D3 Nursing Program at STIKes Mitra Husada Medan, can better understand atopic dermatitis. Elderly: Encouraged to actively maintain their health and implement Clean and Healthy Living Behavior (PHBS) in the nursing home to prevent infections. UPTD Binjai Elderly Social Service: The results of this nursing care are expected to serve as input for the development of nursing science and as an additional reference to improve the quality of nursing services. Nursing Students: Expected to possess knowledge, skills, and collaborative abilities in providing nursing care, especially for elderly patients with skin integrity disorders such as atopic dermatitis.

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