



## MANAGEMENT OF MENTAL NURSING CARE WITH SERVICE EXCELLENCE FOR Mr. M WITH LOW SELF-ESTEEM AT PROF. DR. MUHAMMAD ILDREM MENTAL HOSPITAL MEDAN

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### ABSTRACT

Mental health is an essential aspect of an individual's life, encompassing mental, emotional, and social well-being. One common disorder observed in patients with mental illness is low self-esteem, which can affect their social, psychological, and emotional functioning. Schizophrenia is a severe mental disorder characterized by symptoms such as hallucinations, delusions, and affective disturbances, often accompanied by low self-esteem. This study aims to examine the management of psychiatric nursing care using a service excellence approach for Mr. M, a patient experiencing low self-esteem at Prof. Dr. Muhammad Ildrem Mental Hospital in North Sumatra Province, in the year 2025. This research employs a case study approach based on the six stages of the nursing process: assessment, diagnosis, planning, implementation, evaluation, and documentation. The primary focus is on applying the principles of service excellence in providing nursing care to patients with low self-esteem. Through the service excellence approach, the nursing student was able to conduct a comprehensive assessment, establish an accurate nursing diagnosis, plan individualized interventions, carry out nursing actions according to the patient's needs, and perform proper evaluation and documentation. Nursing care delivered professionally and humanely has proven effective in gradually improving the patient's self-esteem. The service excellence approach in managing psychiatric nursing care for patients with low self-esteem has been proven effective in enhancing the patient's psychosocial condition. This study is expected to contribute to improving the quality of mental health nursing services, particularly at Prof. Dr. Muhammad Ildrem Mental Hospital.

**Keywords:** Low self-esteem, psychiatric nursing care, service excellence, schizophrenia, Prof. Dr. Muhammad Ildrem Mental Hospital.



## Introduction

Mental health is a comprehensive condition that encompasses physical, mental, spiritual, and social balance. One common mental health nursing issue is low self-esteem, a condition where individuals feel worthless, pessimistic, and withdraw from their social environment. Mental health disorders or depression, a mental health problem, is a factor in the failure to achieve the highest level of health in Indonesia and the world. (Isyos Sari Sembiring et al., 2025)

This disorder can arise due to psychological stress or mental disorders such as depression, anxiety, bipolar disorder, and schizophrenia. According to WHO data from 2019, there is a high global prevalence of mental disorders, with Indonesia recording approximately 1.7 million cases, including schizophrenia. In North Sumatra, in 2020, there were 20,541 cases of mental disorders, with only 50% receiving services. At Prof. Dr. Muhammad Ildrem Mental Hospital in Medan, as of March 2025, there were 229 inpatients, with 11 patients (5%) diagnosed with low self-esteem, including Mr. M. Mr. M exhibited symptoms such as feeling worthless, withdrawing, and losing motivation. Management was carried out through Group Activity Therapy (GAT), which aims to enhance the client's social skills and self-confidence. (*Profil Kesehatan Indonesia 2024\_250916\_075046 (1)*, n.d.) Good health and well-being are still significant problems in the world of health and are top priorities in health goals in the short and long term. Mental health disorders or depression are mental problems that are one of the factors that have not achieved a level of health in Indonesia and the world, so the

transformation of adolescent mental health continues to be carried out throughout the world (Isyos Sari Sembiring, n.d.)

GAT is conducted through discussions and meaningful activities in groups to help clients express themselves and identify solutions to their psychological problems. Nursing care is provided comprehensively and based on the principle of service excellence, emphasizing empathetic, humane service focused on individual needs. (Iriani & Asrum, 2025)

The goal is to help clients achieve self-actualization and improve their quality of life through a supportive and professional approach. With appropriate interventions, including psychological therapy and a supportive environment, Mr. M's self-esteem can be gradually improved, enabling a more effective and sustainable recovery process. (Rsud & Bengkulu, 2023)

## Research Method

This study employed a qualitative descriptive method with a case study approach to gain an in-depth understanding of mental health nursing care for patients with low self-esteem. This approach is based on Albi (2018), who states that descriptive case studies aim to describe social phenomena narratively, accompanied by field data evidence. The research was conducted at Prof. Dr. Muhammad Ildrem Mental Hospital, Sorik Merapi 5 ward, Medan, North Sumatra, from March 20 to April 20, 2025, with intervention implementation taking place from March 25 to 28, 2025. The research subject was Mr. M, a patient diagnosed with low self-esteem. Data sources included primary data from direct interviews with the patient and secondary data from observations and documentation. Data collection techniques included interviews



to gather patient information, behavioral observations, and recording nursing care outcomes. Data analysis was conducted descriptively through five nursing stages: assessment, diagnosis, intervention, implementation, and evaluation. The results were analyzed and compared with theory as a basis for developing nursing recommendations.

## Result

This case study was conducted over three consecutive days and focused on the implementation of psychiatric nursing care for Mr. M, a 46-year-old male inpatient diagnosed with chronic low self-esteem at Prof. Dr. Muhammad Ildrem Mental Hospital in Medan, North Sumatra Province. At the beginning of the intervention, Mr. M demonstrated multiple signs of psychological distress including persistent feelings of failure, hopelessness, lack of motivation, and avoidance of social interaction. During the initial interview and nursing assessment, he made repeated negative self-statements such as "I have no value anymore," "I cannot do anything right," and "I'm a burden to everyone." His posture was withdrawn, with slouched shoulders, minimal eye contact, and a soft, hesitant tone of voice. He avoided initiating any conversation, and his affect was consistently flat. Subjectively, the patient reported difficulty sleeping, a lack of appetite, and feelings of guilt related to his perceived inability to function in his social and family role.(Septyanti et al., 2024)

The initial nursing diagnosis confirmed that Mr. M was experiencing chronic low self-esteem, as evidenced by long-standing negative self-evaluation, impaired verbal and non-verbal communication, and emotional withdrawal. The nursing diagnosis was supported by standardized tools such as the Self-Esteem

Rating Scale and a psychosocial assessment based on the nursing process. (Manurung, 2020)

The care plan was developed to address these problems through individualized and group-based psychosocial interventions, emphasizing Group Activity Therapy (GAT) as the main therapeutic approach. The goals included increasing Mr. M's self-confidence, improving his communication skills, and encouraging participation in social activities to stimulate a sense of self-worth and belonging.(Iriani & Asrum, 2025)

On the first day of intervention, the patient was initially reluctant to engage. The nurse began the session by building rapport through active listening, empathetic responses, and therapeutic communication techniques. The focus was on creating a safe and non-threatening environment, allowing Mr. M to feel heard and respected. The first Group Activity Therapy session involved simple self-introduction and name games aimed at breaking the ice. Although Mr. M did not speak voluntarily, he nodded in response when addressed and smiled faintly when others shared their experiences. By the end of the session, he made a brief statement about his favorite food, which was acknowledged positively by the group and the facilitator. The nurse provided one-on-one debriefing after the session and encouraged the patient to write down his thoughts in a reflective journal. That evening, Mr. M shared that although he still felt unsure about himself, he appreciated being part of the group and felt "slightly less invisible."(Kamelia, 2025)

On the second day, progress became more noticeable. Mr. M greeted the nurse first during morning rounds, made eye contact, and voluntarily asked what the



day's group activity would be. During the GAT session, which involved a storytelling activity about personal strengths, Mr. M shared a memory about helping his younger brother learn how to ride a bicycle. Although he spoke softly, his story was coherent and received encouraging responses from both peers and staff. The group facilitator praised his contribution, which visibly made the patient smile. He later stated that "it was good to remember something positive for a change." In the afternoon, the nurse encouraged him to continue journaling and to identify one positive quality he saw in himself. With guidance, he wrote down the word "patient," explaining that he had always tried to be understanding with his family, even when he felt left out. (Kesehatan & Malang, 2025)

By the third day, Mr. M's affect had become more stable, and he exhibited more open body language. He walked into the therapy room without being prompted and took a seat in the front row. That day's GAT session involved role-playing and group discussion about "future goals and self-worth." Mr. M volunteered to participate in a short role-play about asking for help, which he completed confidently. He also stated that he wanted to try reconnecting with his daughter, whom he had not spoken to since his hospitalization. He expressed feelings of hope and shared that "maybe I still have time to fix things." Outside of the group sessions, Mr. M engaged in brief conversations with staff members, offered to help distribute chairs before group therapy, and requested a book from the ward library. These behaviors marked a significant shift from his initial passivity and emotional detachment. (Rsud & Bengkulu, 2023)

Throughout the three-day intervention, the nursing team consistently applied the principles of service excellence in every interaction. Professionalism was shown through adherence to nursing standards and documentation; accountability was maintained through the timely execution of the care plan; collaboration was fostered through interdisciplinary teamwork and patient inclusion in decision-making; empathy was demonstrated through consistent listening and emotional validation; and reliability was ensured by maintaining a daily routine and therapeutic presence. These values helped to foster a trusting nurse-patient relationship, which proved critical in Mr. M's willingness to participate in therapeutic activities.

Evaluation of the nursing care plan indicated that all short-term goals were met. The patient demonstrated an increase in verbal and non-verbal communication, improved participation in group activities, greater emotional openness, and a more positive self-perception. He began using self-affirming language, such as stating that he wanted to "be useful again," and reported sleeping better on the second and third nights. His journal entries reflected more hopeful and structured thinking, with fewer self-blaming statements and more references to his future. He was able to name three positive qualities about himself by the end of the third day and expressed a desire to continue therapy and reconnect with his family. (Rsud & Bengkulu, 2023)

In conclusion, the results of this case study clearly demonstrate that nursing care grounded in service excellence principles, combined with structured Group Activity Therapy and individualized therapeutic communication, can significantly improve the psychological



functioning and self-concept of a patient experiencing chronic low self-esteem. Although the intervention was limited to a short time frame, the patient's behavioral, emotional, and cognitive changes suggest that the nursing care provided had a meaningful and positive impact. This case

## Discussion

This case study illustrates how the application of structured psychiatric nursing care grounded in service excellence principles, combined with the use of Group Activity Therapy (GAT), can significantly improve self-esteem and psychosocial functioning in patients experiencing chronic low self-worth. The findings from Mr. M's case demonstrated notable improvements in several key areas, including emotional expression, interpersonal communication, motivation, participation in social activities, and overall self-concept. These results are consistent with previous studies that affirm the effectiveness of psychosocial interventions, especially group-based therapy, in promoting recovery in patients with low self-esteem.(Saswati et al., 2022)

At the start of the intervention, Mr. M exhibited classic indicators of chronic low self-esteem, such as negative self-talk, social withdrawal, passive behavior, and poor eye contact. He verbalized feelings of inadequacy and perceived himself as a burden to others. These symptoms are commonly found in individuals with impaired self-concept, and they are often intensified by feelings of guilt, past trauma, and perceived role failure within the family or society. The presence of such features is supported by research from Yulianti et al. (2022), who noted that low self-esteem in psychiatric patients often manifests through decreased social interaction, emotional

reinforces the importance of a holistic, empathetic, and structured nursing approach in psychiatric care, particularly in supporting patients toward rebuilding self-worth, social engagement, and a renewed sense of purpose.

detachment, and internalized negative beliefs.(Iriani & Asrum, 2025)

The implementation of Group Activity Therapy in this study played a central role in facilitating Mr. M's emotional and behavioral progress. Through structured group sessions involving storytelling, role-playing, self-expression, and positive affirmation exercises, Mr. M was gradually able to break through his social inhibition and engage with peers. This engagement fostered a sense of belonging and reinforced his ability to contribute meaningfully to group dynamics. According to research by Rahayu and Hartutik (2021), GAT is effective because it provides a supportive environment where patients can practice communication skills, receive constructive feedback, and rebuild self-efficacy through shared experiences.

Over the course of three days, Mr. M's behavioral changes were apparent. He shifted from passive silence to initiating dialogue, from emotional flatness to smiling and sharing personal stories, and from avoidance to actively volunteering in group tasks. These changes reflect an internal shift in self-perception and a growing sense of self-worth. The group environment not only allowed Mr. M to hear similar experiences from others, thereby reducing his sense of isolation, but also provided a stage for him to receive validation and encouragement. This aligns with the theoretical framework that states



self-esteem is reinforced through social interaction and feedback. As noted by Rogers' Humanistic Theory, acceptance and empathy from others are crucial in helping individuals reach self-actualization and positive self-regard.(Manurung, 2023)

In addition to GAT, the nurse's application of the service excellence model—comprised of professionalism, accountability, collaboration, empathy, and reliability (PACER)—enhanced the quality and consistency of care. Professionalism was shown through evidence-based practice and adherence to ethical nursing standards. Accountability was reflected in the nurse's commitment to implementing and evaluating the care plan daily. Collaboration was demonstrated by engaging the patient in care decisions and maintaining communication with the interdisciplinary team. Empathy was evident in the nurse's patient-centered communication and therapeutic presence, while reliability was shown in the consistent delivery of care activities and emotional support. These values created a safe therapeutic relationship that built trust, reduced anxiety, and encouraged emotional openness—factors that were instrumental in Mr. M's improvement.(Simanjuntak et al., 2024)

Spiritual and emotional dimensions of care were also addressed, which contributed to Mr. M's recovery. Although he initially expressed doubts about his self-worth and questioned his role in his family and society, the therapeutic sessions helped him to reconnect with a sense of meaning and responsibility. Encouraging the patient to recall positive memories and identify personal strengths was effective in promoting cognitive restructuring, a technique often used in cognitive-behavioral therapy to counter negative thought patterns. In this case, the

intervention helped the patient redefine his self-image from one of failure to one of hope and possibility. The nurse's role in guiding this reflection, while remaining empathetic and non-judgmental, was critical.(Saswati et al., 2022)

It is important to acknowledge that although the results were promising, the short duration of the intervention was a limitation. Psychological recovery is an ongoing process, and sustained changes in self-esteem typically require longer-term interventions, consistent follow-up, and reinforcement through outpatient care or family-based therapy. Additionally, environmental and social factors—such as family support, stigma, and economic status—also influence the long-term trajectory of patients with low self-esteem. Therefore, while the outcomes of this study are encouraging, future care planning for Mr. M should include discharge preparation, referral to social services, and family psychoeducation to ensure continuity of care.(Harga et al., 2023)

Despite these limitations, this study supports the effectiveness of combining psychosocial group therapy with a service-oriented nursing framework to address psychological challenges in mental health patients. It provides evidence that with structured, empathetic, and value-based care, patients suffering from chronic low self-esteem can make meaningful strides toward recovery, even in a relatively short timeframe. Moreover, this case study highlights the importance of empowering nurses with both technical and interpersonal skills to implement evidence-based interventions that address not only clinical symptoms but also the emotional, social, and spiritual needs of patients. (*Olinar Telaumbanua, n.d.*)

In conclusion, the discussion reinforces that the integration of service



excellence principles into psychiatric nursing practice—particularly in the care of patients with low self-esteem—offers a practical and humanistic approach to enhancing mental health outcomes. Through the use of Group Activity Therapy, therapeutic communication, and consistent, compassionate nursing care, patients can be guided toward rediscovering their sense of value, connection, and purpose within themselves and their communities.

### Conclusion and Suggestion

Based on the findings of this case study, it can be concluded that the implementation of psychiatric nursing care grounded in the principles of service excellence—namely professionalism, accountability, collaboration, empathy, and reliability—combined with the application of Group Activity Therapy, is highly effective in addressing chronic low self-esteem in patients with mental health disorders. The subject of this study, Mr. M, demonstrated significant improvement across multiple domains, including emotional expression, interpersonal interaction, verbal communication, self-perception, and participation in therapeutic activities. The integration of structured psychosocial interventions within a supportive and empathetic care environment allowed the patient to rediscover personal strengths, reframe negative thoughts, and regain confidence in his ability to engage with others and contribute meaningfully to his social environment.

The structured nursing process, which involved individualized assessment, diagnosis, planning, intervention, and evaluation, enabled a comprehensive and holistic approach to the patient's care. Therapeutic strategies such as reflective

journaling, positive affirmation exercises, role-playing, and peer interaction proved to be effective in promoting self-awareness, emotional catharsis, and social confidence. These results affirm that Group Activity Therapy is not only a practical and accessible intervention in institutional psychiatric care but also a powerful modality for enhancing self-concept, particularly when facilitated within a caring and ethically grounded nurse-patient relationship. The consistent application of service excellence values played a key role in establishing trust and psychological safety, which are critical for therapeutic engagement and recovery in patients with low self-esteem.

Although this study was limited in duration and scope, the progress observed in Mr. M's behavior and emotional responses over just three days suggests that even short-term interventions, when implemented with compassion and structure, can lead to meaningful psychological transformation. This reinforces the role of nurses not only as caregivers but also as change agents who empower patients to reclaim their identity, dignity, and sense of purpose. However, it is also recognized that long-term maintenance of self-esteem improvements requires sustained support, follow-up care, and the involvement of family and community-based resources.

Based on the outcomes of this study, several suggestions can be proposed. First, it is recommended that psychiatric nursing education and clinical practice in mental health facilities actively incorporate the principles of service excellence into their standards of care. Nurses should receive ongoing training in therapeutic communication, group facilitation techniques, and psychosocial assessment to



enhance their capacity to deliver individualized and holistic interventions. Second, the use of Group Activity Therapy should be institutionalized as a routine part of nursing interventions for patients with impaired self-concept, especially those experiencing isolation, depression, or poor motivation. These activities should be tailored to the functional level of the patient, culturally relevant, and consistently facilitated by trained psychiatric nurses.

Third, mental health institutions are encouraged to create supportive environments that promote recovery through patient-centered care, interdisciplinary collaboration, and ethical nursing leadership. The development of structured therapy programs, adequate staffing, and the inclusion of spiritual and emotional dimensions of care can enhance the quality of services and improve patient satisfaction. Lastly, further research is recommended to explore the long-term effectiveness of GAT and service excellence-based interventions using larger sample sizes and longer observation periods. This will provide a more comprehensive understanding of how these approaches can be integrated into national mental health strategies and policy frameworks.

In conclusion, this case study contributes valuable insight into the role of holistic nursing care in supporting the psychological rehabilitation of individuals with low self-esteem. It demonstrates that with consistency, empathy, and clinical expertise, nurses can help patients rediscover their self-worth, develop new coping strategies, and ultimately achieve a higher quality of life. This aligns with the broader goals of mental health care in Indonesia to provide compassionate, ethical, and empowering services that

restore the dignity and independence of every patient.

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