



EXCELLENT MENTAL NURSING CARE MANAGEMENT FOR Mr. A WITH SELF-CARE DEFICIT IN THE SORIK MERAPI 3 WORLD AT THE PROF. Dr. MUHAMMAD ILDREM MENTAL HOSPITAL, MEDAN, NORTH SUMATRA PROVINCE IN 2025

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ABSTRACT

Mental disorders are mental health conditions that can interfere with an individuals ability to carry out daily activities, including self-care. Self-care deficit reflects a decrease or loss of a persons ability to meet basic needs such as personal hygiene, dressing, eating, and maintaining appearance. This condition is often found in individuals with mental disorders, especially schizophrenia, due to cognitive disorders, low motivation, and lack of awareness of their condition. A structured nursing approach and environmental support play a major role in improving self-care skills in patients. The role of psychiatric nurses is very important in indentifying problems, providing interventions, and motivating patients to achieve independence gradually. With the provision of appropriate nursing care, it is hoped that patients will be able to improve their quality of life and reduce dependence on others.

Keywords: mental disorders, self-care deficit, psychiatric nursing, independence, quality of life.
Introduction

The government and other mental health-related stakeholders must pay attention to mental disorders as they continue to be a trend and a mental health concern. The World Health Organization estimates that 450 million individuals worldwide suffer from mental health issues. According to WHO data, 0.25% of people globally experience mental health problems, indicating that mental disorders are a significant issue. The National Institute of Mental Health estimates that by 2030, mental illnesses will make up 25% of all ailments, up from 13% currently. As a result, the prevalence of mental illnesses will rise in many nations. According to the findings of the Riskesdas surveys

conducted in 2007 and 2013, the prevalence of serious mental disorders in Indonesia is 4.6 per thousand and 1.7 per thousand, respectively (Agussamad et al., 2021)

Minister of National Development Planning/Head of Bappenas Decree No. 136/M.PPN/HK/12/2021 concerning the establishment of the national action plan for sustainable development goals (TPB/SDGs) for 2021-2024, the government has made the TPB/SDGs the main guideline in implementing national development. This document serves as a reference in preparing plans, implementing programs, monitoring progress, and evaluating and controlling various development sectors, including in the health sector. According to the decree, it is emphasized that all stakeholders, both from government and non-government elements, are involved, and are expected to use



the SDGs as a reference in formulating policies to achieve national targets. Self-care deficits in individuals with mental disorders are one of the health issues that require attention within the framework of achieving the sustainable development goals (TPB/SDGs), especially goals 3 and 4 of SDGs number 3 emphasize the importance of ensuring a healthy life and supporting the well-being of all people at all ages, including improving mental health services and rehabilitation for people with mental disorders. Meanwhile, SDG 4, which focuses on quality education, plays a role by improving mental health literacy, empowering individuals through life skills education, and strengthening the capacity of families and communities to support self-care. Therefore, integration between the health and education sectors is crucial in addressing self-care deficits in people with mental disorders, in order to achieve inclusive and sustainable development. Self-care deficit is a condition in which individuals continuously fail to meet their basic needs, whether in physical, emotional, or mental aspects. This situation can be influenced by various factors, including daily life pressures, excessive work burdens, and the presence of mental health issues (Manurung, 2020). An inability to optimally care for oneself can negatively impact various dimensions of a person's life, such as a decline in physical and psychological condition, disrupted social relationships, and decreased work productivity. In individuals with mental disorders, self-care deficits often become the most apparent symptoms, marked by an inability to maintain personal hygiene, irregular eating patterns, lack of awareness of medical needs, and reduced motivation to engage in daily activities. This condition worsens Mr. A's quality of life and poses a significant challenge in the recovery and care process. According to data from the World Health Organization (WHO) in 2022, the number of people suffering from schizophrenia worldwide is found to be 24 million people, or nearly 1 in 300 people (0.32%) among the adult population. The number of schizophrenia sufferers is 1 in 222 people (0.45%) among adults (World Health Organization (WHO)

2022a). Indonesia has the highest number of people with mental disorders, totaling 315,621 individuals, with DKI Jakarta province having 12,317 individuals, followed by North Sumatra with 15,884 individuals, West Java with 58,510 individuals, Central Java with 44,456 individuals, East Java with 50,588 individuals, Lampung with 10,424 individuals, and Banten with 13,332 individuals (Ministry of Health 2023). Based on the data from inpatient visits at Prof. Dr. Muhammad Ildrem Mental Hospital in Medan in 2024, the total number of patients reached 1,302 individuals (100%), with male patients numbering 959 individuals (73.7%) and female patients numbering 343 individuals (26.3%). In March 2025 there were 229 inpatient visits with hallucinations amounting to 179 individuals (78%), social isolation of 11 individuals (5%), violent behavior of 7 individuals (3%), low self-esteem of 11 individuals (5%), self-care deficit of 11 individuals (5%), suicide risk of 5 individuals (2%), and delusions of grandeur of 5 individuals (2%). Self-care deficits in individuals with mental disorders are closely related to Sustainable Development Goal number 3, which emphasizes the importance of health and well-being, as the inability to care for oneself increases the risk of physical and mental problems. Furthermore, limitations in managing basic needs also impact the achievement of SDG number 4 regarding quality education, as individuals struggle to engage in the learning process optimally. This is underscored by research demonstrating the need for comprehensive interventions to improve self-care independence (World Health Organization (WHO) 2022b). Therefore, to make the writer interested in carrying out the mental health nursing process on Mr. A with a self-care deficit.

Research Method

The case study method used is a qualitative approach with descriptive categories that utilizes case research to address issues of mental health nursing in patients experiencing a deficit in self-care. The descriptive qualitative case study method according to Moleong



(2013) involves researchers aiming to assess the phenomena experienced by research subjects, such as experiences, perceptions, motivations, and actions, with a holistic and descriptive approach. This research is conducted using words and language in a natural and specific context, as well as utilizing various scientific methods (Fiantika 2022). This scientific written work applies the nursing process approach that involves the steps of assessment, diagnosis determination, intervention, implementation, and evaluation, as well as applying strategies to address self-care deficit issues. A case study was conducted at the Prof. Dr. Muhammad Ildrem Mental Hospital in North Sumatra Province, located on Letjend Jamin Ginting Road Km. 10, JL. Tali Air No. 21, Medan. It is one of several mental hospitals managed by the North Sumatra Provincial Government. According to operational regulation No. 3/1/10/Kes/PMDN/2016, this hospital is classified as Type 'A' with special features. Thanks to the available resources, the Prof. Dr. Muhammad Ildrem Mental Hospital now serves as a referral for other mental hospitals in North Sumatra Province. This mental hospital also offers various services, including physiotherapy, substance abuse services, and psychosocial rehabilitation. The case study period was conducted for one month from March 20, 2025 to April 20, 2025, and the implementation took place from March 25-27-28, 2025. **Case Study Subject** The subject of this case study is Mr. A with Self-Care Deficit in Sorik Merapi 3 Room at Prof. Dr. Muhammad Ildrem Mental Hospital in Medan in the year 2025. **Data Source** The sources of data in this case study include: 1. Primary Data: Information obtained directly from individuals through interviews by asking a series of questions to the individuals. 2. Secondary Data: Information that has been analyzed and processed, consisting of observation results and documentation related to the primary data. **Data Collection Method Tools** Data collection is conducted to obtain important information from patients who are receiving treatment. The data collection techniques used include: 1. Interviews: having direct conversations with

patients to explore information regarding their identity, main complaints, recent medical history, past medical history, family medical history, and other relevant information related to the patient's condition. 2. Observation: Conducting direct observations of the patient to detect any changes in behavior or other factors related to the research objectives. 3. Documentation: Recording information obtained after providing nursing care, using a format that has been adjusted for mental health nursing care.

Data Analysis data analysis is conducted using a descriptive approach, which includes data collection and conclusion formulation. The analysis process begins with assessment, diagnosis, intervention, implementation, and evaluation, where the results obtained are recorded in a mental health evaluation form. The analysis technique employs observation and documentation, which are then compared to theory to produce recommendations for follow-up planning.

Result

This case study research was conducted in the Sorik Merapi 3 Room, Prof. Dr. Muhammad Ildrem Psychiatric Hospital Medan, involving one person as a sample. The data collection process was carried out on March 25, 2025, through face-to-face interviews with Mr. A, interviews with the ward nurse, and supported by information from medical records. In addition, supplementary data was obtained through direct observation in the care room, thoroughly observing Mr. A's behavior and activities. Mr. A, the subject, is a 42-year-old man who lives with his family; he is an only child and has the highest education level of elementary school (SD). Based on Mr. A's medical history, he falls under the history of Persons with Mental Disorders (ODGJ) and has previously received treatment at the same hospital. Throughout his life, Mr. A has experienced negative experiences such as feeling unappreciated and being regarded as useless by his surroundings.

Nursing Assessment Data and information gathering on Mr. A, who is experiencing self-



care deficits, was conducted through the application of therapeutic communication during the assessment process. The signs and symptoms identified in Mr. A include statements that he feels unappreciated by others and has a negative self-perception because he feels incapable of meeting his parents' needs. This has led to a lack of attention to personal hygiene, as it was observed during the assessment that Mr. A was not clean, had body odor, messy clothing, yellowing and foul-smelling teeth, dirty hair with an unpleasant smell, and fingernails and toenails that appeared long and dirty. Additionally, Mr. A sometimes defecates/urinates in his pants, and he also admits that he rarely bathes and seldom takes care of his body. This state of poor hygiene and odor has caused Mr. A to withdraw from social interactions and distance himself from his surroundings. Psychologically, Mr. A appears to lack motivation, does not show initiative, and tends to withdraw from the social environment. This symptom is evident from the minimal interaction and lack of participation in activities, as well as his inability to maintain regular eating and drinking patterns, along with the habit of soiling himself and the inability to bathe and brush his teeth independently (Noviyani 2023). Based on the author's understanding and the analyzed theories, there is an alignment between the concepts explained and the actual conditions in the field. The author states that self-care deficits are a form of psychological disorder where individuals are unable to take care of themselves independently, even though self-care is a basic activity that every person can generally do alone. Mr. A's inability to carry out these activities indicates a disorder, especially since we know that maintaining personal hygiene is essential to prevent infections. **Nursing Diagnosis** In the theory of mental health nursing, self-care deficits are often associated with low self-esteem, which can lead to social isolation behaviors. This is in line with the condition of Mr. A, who was directly observed in the field. Mr. A appeared to be in a poorly maintained state, with a dirty body, unpleasant odor, unkempt clothing, yellowing teeth, and

dirty, long hair and nails. Additionally, Mr. A sometimes has bowel or bladder accidents in his pants. Verbally, Mr. A expresses feelings of worthlessness due to his inability to meet his parents' needs and feels unappreciated by his surrounding environment because of these conditions. As a result, Mr. A tends to withdraw from social interactions and feels more comfortable spending time alone in his room.

Nursing Intervention Based on the nursing diagnosis found in Mr. A, the implementation strategies (SP) provided to Mr. A are: 1. Self-care deficit 1) Identify the benefits of self-care such as explaining about infection prevention, body odor, and other skin diseases 2) Identify the reasons for not wanting to care for oneself 3) Explain to Mr. A the importance of self-care 4) Explain to Mr. A the methods and tools for personal hygiene 5) Train Mr. A on how to maintain personal cleanliness 6) Include it in Mr. A's daily activity list 2. Low self-esteem 1) Build a trusting relationship such as getting to know each other, shaking hands 2) Identify Mr. A's abilities and positive aspects he possesses 3) Assess Mr. A's abilities 4) Assist Mr. A in determining or choosing the positive abilities he has 5) Train Mr. A to develop the positive abilities he has selected 6) Include it in Mr. A's daily activity schedule. 3. Social isolation 1. Build mutual trust relationships such as getting to know each other 2. Identify the causes of social isolation 3. Talk to Mr. A about the benefits of interacting with others 4. Talk to Mr. A about the disadvantages of not interacting with others 5. Teach Mr. A how to establish relationships with others 6. Incorporate it into Mr. A's daily activity schedule

Implementation The nursing implementation carried out on Mr. A is based on the established implementation strategy, which includes: 1. Self-care deficit SP 1 1. Identifying the benefits of self-care 2. Identifying the reasons for not wanting to take care of oneself 3. Explaining to Mr. A about the importance of self-care 4. Explaining to Mr. A the methods and tools for personal hygiene 5. Training Mr. A on how to maintain personal hygiene 6. Incorporating it into Mr. A's daily activity list SP 2 1. Re-evaluating Activity 1 2. Explaining the methods



and tools for eating and drinking 3. Teaching Mr. A how to eat and drink properly 4. Reincorporating into Mr. A's daily activity schedule SP 3 1. Re-evaluating Activities 1 and 2 2. Explaining the proper methods and equipment for bowel and bladder management 3. Orienting the location for bowel and bladder management 4. Training Mr. A on the correct way for bowel and bladder management 5. Reincorporating into Mr. A's daily activity schedule. 2. Low self-esteem SP 1 1. Build a trusting relationship such as greeting, shaking hands, explaining the purpose of interaction 2. Identify Mr. A's abilities and potential as well as the positive aspects he possesses 3. Assess Mr. A's abilities 4. Assist Mr. A in determining or choosing the positive abilities he has 5. Train Mr. A to develop the chosen positive abilities 6. Incorporate into Mr. A's daily activity schedule SP 2 1. Evaluate the first positive ability Mr. A possesses and appreciate the success achieved in SP 1 2. Determine the second positive ability Mr. A possesses 3. Retrain Mr. A in carrying out the second positive activity 4. Incorporate the second activity into Mr. A's daily routine SP 3 1. Re-evaluate the first and second positive abilities of Mr. A and give praise 2. Determine and choose the third positive ability of Mr. A 3. Train the third activity carried out by Mr. A 4. Add the third activity to Mr. A's daily schedule 5. Re-evaluate the benefits of carrying out Mr. A's third activity 3. Social isolation SP 11. Identify the causes of social isolation 2. Discuss with Mr. A about the benefits of interacting with others 3. Discuss with Mr. A about the disadvantages of not interacting with others 4. Teach Mr. A how to build relationships with others 5. Include it in Mr. A's daily activity schedule SP 2 1. Assess Mr. A's daily routine and provide appreciation 2. Give Mr. A the opportunity to try interacting with someone

Discussion

Mr. A, a 42-year-old man, is registered as a patient at Prof. Dr. Muhammadd Ildrem Mental Hospital in Medan. He began treatment on December 16, 2022, and was placed in Sorik Merapi 3 ward. The latest assessment of the patient's condition was conducted on March 25, 2022. According to administrative data, Mr. A

through introductions 3. Ask again about Mr. A's emotional response after introducing himself to that individual 4. Include it in Mr. A's daily activity schedule.

The implementation of self-care deficit was conducted over 3 meetings, taking place from March 25 to March 27, 2025. Meanwhile, for the diagnosis of low self-esteem, the implementation was carried out over 3 meetings from March 25 to March 27, 2025, and for the diagnosis of social isolation, the implementation was conducted over 1 meeting on March 28, 2025. **Evaluation** In the case study of Mr. A, the author evaluated the implementation of nursing care that had been conducted over three meetings, specifically from March 25 to 27, 2025. In the nursing diagnosis of self-care deficit, after receiving excellent psychiatric nursing care, Mr. A showed progress in maintaining his personal hygiene and began to pay attention to and practice personal cleanliness, although he still required reminders from the nurses to maintain consistency. Meanwhile, regarding the diagnosis of low self-esteem, this issue was successfully addressed after three meetings; Mr. A appeared to begin recognizing his positive potential and started implementing it in his daily activities, such as singing, drawing, and tidying his bed properly. For the diagnosis of Mr. A's social isolation condition, it is evident that Mr. A has shown progress. He has demonstrated openness to socialize, starting from introducing himself and communicating with others, as well as participating in activities held at the mental hospital, such as playing ball and joining religious activities like prayer recitation and Friday prayers with other patients.

is not married and currently has no permanent job. He completed his education at the elementary school level. Residing on Suasa Street, Environment IV, Tanjung Balai Kota village, this patient is of the Islamic faith and has a medical record number of 051842. Mr. A came to the Prof. Dr. Muhammad Ildrem



Mental Health Hospital in Medan, brought by his family because Mr. A expressed that he felt useless for not working and not being able to meet his parents' needs. Mr. A feels unappreciated by others due to not working, and as a result, he often withdraws from social interactions because he feels ashamed. Consequently, Mr. A also neglects his personal hygiene, appearing dirty, having body odor, dressing untidily, eating messily, with dirty and long fingernails and toenails, yellow teeth, unkempt and smelly hair, and defecating/urinating in inappropriate places. Mr. A has previously experienced mental health issues and received treatment at Prof. Dr. Muhammad Ildrem Psychiatric Hospital. However, the treatment undergone previously did not yield satisfactory results, prompting Mr. A to continue his treatment. Mr. A stated that he has never experienced physical violence from his family. Nursing Problem: Ineffective therapeutic regimen1. Are there any family members with mental health issues? Mr. A stated that there are no family members with a history of mental health issues. Nursing Problem: No issues 2. Unpleasant past experiences: Mr. A stated that there is no history of unpleasant past experiences. Nursing Problem: No issues The examination results show that Mr. A's blood pressure is still within normal limits, which is 120/80 mmHg. His heart rate is 70 beats per minute, body temperature recorded at 36.5°C, and respiratory rate is 16 times per minute. All these vital parameters indicate a stable physiological condition. Mr. A is 167 cm tall and weighs 54 kg. His body mass index (BMI) falls within the normal category, indicating a good nutritional status. Mr. A reported that he is not experiencing any physical complaints at this time. He feels that his body condition is good and there are no disturbing symptoms. Nursing problem: None. Explain: Mr. A is an only child, Mr. A's father has long passed away when Mr. A was in elementary school, and now Mr. A lives with his mother. V. Mental Status 1. Appearance Describe: Mr. A wears untidy clothes, has dirty and smelly hair, long and dirty fingernails and toenails, yellow fingers, body

odor, and yellow teeth. Nursing Problem: Self-care deficit 2. Speech Describe: During the interview, Mr. A was slow to answer questions from the interviewer. Nursing Problem: Verbal communication disturbance 3. Motor activity Describe: Mr. A appears lethargic and does not want to interact, preferring to be alone. Nursing Problem: Social isolation 4. Mood: Sad. Describe: Mr. A feels sad being in the Psychiatric Hospital because he cannot be with his family, especially his mother. 5. Affect: labile Describe: During the assessment, Mr. A's mood often changes; sometimes he can be serious when talked to, and sometimes he does not want to talk. 6. Interaction during the interview: eye contact. Describe: During the interview, Mr. A tends to avoid eye contact, often diverting his gaze to other objects, and appears more distant 6. Interaction during the interview: eye contact. Explain: During the interview, Mr. A tends to avoid eye contact, often diverting his gaze to other objects, and appears to bow his head more frequently. Nursing Problem: Social isolation. **Nursing Diagnosis** Mr. A is experiencing a self-care deficit, characterized by habits of rarely bathing, refusing to take care of himself, dressing untidily, frequently having bowel/bladder accidents in his pants, not brushing his teeth, rarely washing his hair, not trimming his nails, and rarely washing his hands before eating. Objectively, his body and hair have an unpleasant odor, his nails appear long and dirty, his teeth are yellowed, and his eating habits are messy. Mr. A also shows low self-esteem, feeling useless, unappreciated, and incapable of meeting his mother's needs. He appears listless, looks down, speaks softly, and rarely makes eye contact. In addition, Mr. A withdraws from social interactions, prefers to isolate himself in his room, and rarely communicates with those around him. This condition reflects a significant change in mental status. Problem tree Based on the assessment results of Mr. A, it was found that he feels useless because he has no job and cannot help meet his parents' daily needs. This feeling has impacted his neglect of hygiene and self-care. This is evident from his unkempt physical



condition, such as a dirty body, **body odor**, untidy clothing, messy eating habits, as well as long and dirty fingernails and toenails. In addition, his teeth appear yellow, his hair is dirty and smells unpleasant, he has soiled his pants, and as a result of this condition, he tends to be quiet and withdraws from his social environment. Nursing Problem Priorities 1. Self-care deficit 2. Low self-esteem 3. Social isolation. Nursing Problems in the Family 1. Ineffective family coping 2. Knowledge deficit Washes hands and eats regularly. **Nursing Interventions**

Based on Tn. A's nursing diagnoses, interventions included:

Self-Care Deficit

Explain benefits of self-care (infection prevention, hygiene), Identify reasons for neglect, Teach importance, tools, and techniques of self-care, Train personal hygiene skills, Include in daily schedule.

Low Self-Esteem

Build trust (greeting, handshake), Identify and assess strengths, Help select and develop positive skills.

Schedule positive activities daily.

Social Isolation

Build trust, Identify causes of isolation, Discuss benefits and risks of social contact, Teach interaction skills, Add to daily routine.

4.2.4 Implementation

Self-Care Deficit

SP 1: Identify benefits and causes, explain and teach hygiene, plan activities. SP 2: Re-evaluate, teach eating habits and tools, update schedule. SP 3: Re-evaluate, teach toileting, orient location, train use, reschedule.

Low Self-Esteem

SP 1: Build trust, assess strengths, teach and plan skill development. SP 2: Review and reinforce first skill, train second skill, add to routine. SP 3: Re-evaluate all skills, train third skill, review benefits, schedule. **Social Isolation** SP 1: Identify causes, discuss pros and cons of interaction, teach contact skills, schedule practice. SP 2: Review routine, encourage introductions, discuss feelings, update plan.

Conclusion and Suggestion

Conclusion (Summary)

1. Assessment on March 25, 2025, showed Tn. A had self-care deficit, feelings of worthlessness, and social withdrawal.
2. Three nursing diagnoses were identified: Self-Care Deficit, Low Self-Esteem, and Social Isolation.
3. Interventions were implemented using SP 1–3 for each diagnosis.

Implementation was carried out over 4 days (March 25–28, 2025) based on the planned strategies. Evaluation showed improvement in self-care, though Tn. A still needs reminders. Issues of low self-esteem and social isolation were resolved, and Tn. A engaged in positive and social activities.

Recommendations For the Patient

Tn. A is expected to independently apply self-care strategies. **For Future Nursing Providers**

This paper can serve as a guide for students and future nurses to handle similar cases and develop self-care approaches in mental health patients. **For Prof. Dr. Muhammad Ildrem Mental Hospital**

The hospital is encouraged to continue providing optimal psychiatric nursing care, especially for patients with self-care deficits. **For the Institution**

The institution should offer more learning resources to help STIKes Mitra Husada Medan students, especially in the Diploma in Nursing program, deepen their understanding of psychiatric nursing. **For the Author**

This work can be a reference to improve knowledge in delivering psychiatric nursing care for patients with self-care deficits.



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