

**EXCELLENT SERVICE OF *PSYCHIATRIC NURSING CARE*
MANAGEMENT AT MR. D WITH A GREAT REPUTATION
AT THE PSYCHIATRIC HOSPITAL PROF. DR.
MUHAMMAD ILDREM MEDAN NORTH
SUMATRA PROVINCE YEAR 2025**

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ABSTRACT

Grandiose delusions are one of the common perceptual disturbances found in patients with schizophrenia, characterized by unrealistic beliefs about one's power or greatness. Managing this condition requires a professional, structured mental health nursing management approach that adheres to the principles of service excellence. This study aims to describe the management of mental health nursing care based on service excellence for Mr. D, who was treated at Prof. Dr. Muhammad Ildrem Mental Hospital in North Sumatra Province in 2025. The method used was a case study with a nursing process approach, including assessment, nursing diagnosis, planning, implementation, and evaluation. Interventions focused on therapeutic communication, reality therapy, and psychoeducation. The results of four days of nursing care showed a decrease in grandiose delusional behavior, improved thought processes, and content of thought more aligned with reality. The application of service excellence principles was evident through the nurse's empathetic attitude, clear communication, timely interventions, and responsiveness to the client's needs. The conclusion of this study indicates that mental health nursing management based on service excellence can improve the effectiveness of therapy and accelerate the recovery process in clients with grandiose delusions.

Keywords: *grandiose delusion, mental health nursing care, nursing management, service excellence.*

Introduction

One type of mental disorder that is classified as serious is schizophrenia, one of which is waham. Schizophrenia is a chronic mental disorder condition that affects the way a person thinks, feels, and behaves. People with schizophrenia often experience various psychotic symptoms, including delusions. Greatness is a common type of discourse, where the sufferer feels that he has abilities, status, or

power that is far beyond reality (Oktaviani & Apriliyani, 2022).

Based on data from the World Health Organization (WHO) in 2022, the number of people with schizophrenia globally is 24 million people, or around 1 in 300 people (0.32%). In adults, the prevalence increased to 1 in 222 people (0.45%). According to (Ministry of Health, 2023) Indonesia has a recorded number of people with schizophrenic mental disorders as many as 315,621 people, where the 5

provinces have the highest number of people with schizophrenic mental disorders, including West Java with 58,510 people, followed by East Java with 50,000 people, Central Java with 44,456 people, North Sumatra with 15,884 people, Banten with 13,332 people. Data from the North Sumatra Provincial Health Office in 2023 shows that North Sumatra province is ranked 4th in schizophrenia from provinces in Indonesia.

The author conducted an initial survey on May 20, 2025, In March 2025 there were 229 inpatient visits with hallucinations of 179 people, social isolation of 11 people, violent behavior of 7 people, low self-esteem of 11 people, self-care deficit of 11 people, risk of suicide as many as 5 people, and big picture of 5 people. Then the writer conducted a direct interview with the Head of the Sorik Merapi 3 Room and several nurses who were on duty in the room. From the results of the interview, information was obtained that there was a Mr. D with symptoms of mental disorders who showed unrealistic beliefs about self-greatness, such as feeling that he had extraordinary power, unlimited wealth and high social status. These symptoms are consistent with the criteria for diagnosing oversized personality disorder in the journal (Islami et al., 2024), which is a condition where he has excessive confidence and does not match the reality about him. Problems with oversized discourse are still found, with many factors that increase the occurrence of disambiguation disorder. The role of nurses as implementers of nursing care as a whole is to conduct assessments, determine nursing diagos, make nursing interventions, implement nursing and conduct nursing evaluations.

Based on the description above, the author is interested in conducting a case

study on "Excellent Service Psychiatric Nursing Care Management in Mr. D with a Sense of Greatness in the Sorik Merapi Room 3 Mental Hospital Prof. Dr. Muhammad Ildrem Medan, North Sumatra Province in 2025.

Research Method

The case study method used is a descriptive analytical method of case method. The analytical descriptive case study method in psychiatric nursing is a method that describes in detail (descriptive) an individual case, and then analyzes it (analytical) to find the meaning, relationship, or cause of the problem that occurs based on relevant theories or concepts (Pricillia, 2020).

The case study was conducted at the Prof. Dr. Muhammad Ildrem Psychiatric Hospital in Medan. The Case Study period was carried out for one month from March 20 to April 20, 2025 and implementation from March 25-28, 2025. The subject of this case study is Mr. D with Disorders of Greatness in the Sorik Room of Merapi 3 Mental Hospital Prof. Dr. Muhammad Ildrem Medan in 2025. The data subjects of this case study are: Data prime is data obtained from individuals through the interview process by asking a number of questions directly. Secondary data is data that has been managed beforehand, obtained through observation and documentation activities related to the results of primary data.

The purpose of data collection is to obtain various important information about Mr. D who is undergoing treatment. The methods used in data collection include:

1. Interview: Conduct a face-to-face conversation with Mr. D to dig up data such as identity, main complaints, current disease history, previous disease history, family disease history, and

- other important information related to Mr. D's condition.
2. Observation: Conduct direct observation of Mr. D to identify any changes in behavior or other symptoms related to the focus of writing.
 3. Documentation: Record the results of the implementation of nursing care using a standard format adapted to psychiatric nursing services.

The data analysis process is carried out with a descriptive approach, starting from the information collection stage to drawing conclusions. The analysis stages include assessment, diagnosis, intervention planning, implementation of actions, and final evaluation. All data obtained are documented in a mental health assessment form. Data analysis techniques are carried out and documentation, which is then compared with relevant theories to formulate recommendations for the next follow-up steps.

Results

A patient with the initials Mr. D is 39 years old, Address: Jl. Kartini, Sendang Sari, West Kisaran City, Asahan Regency, Education: High School, Religion: Islam, Status: Unmarried, Occupation: not working, Admitted to RSJ: February 14, 2025 in the Sorik Merapi 3 room of Jiiwa Hospital Prof. Dr. Muhammad Ildrem Medan.

On February 14, 2025, Mr. D was hospitalized. Mr. D said that he was the president, a member of the Brimob, and an influential figure who played a role in the construction of a mosque in Kisaran. Mr. D enjoys introducing himself to those around him, and enjoys telling about himself as an important figure. Mr. D also said that he had completed his education at the undergraduate level from the

department of mechanical engineering in the Kisaran area, but the statement was not in accordance with the actual facts. His medical history shows that he has undergone treatment at RSJ Prof. Dr. Muhammad Ildrem Medan three times and has been suffering from mental disorders for 11 years.

The family stated that none of the family members had a history of mental disorders. The client also had an unpleasant experience, namely feeling that he was not recognized as the founder of the Al Islamiyah Kisaran Mosque, while his brother Zaliensyah was actually recognized in the list of founders. In addition, Mr. D considers his face the most special part of his body because he feels handsome. The client sees himself as an unmarried adult man and the fourth of five children.

Previously, Mr. D had a history of mental disorders and had received treatment at the Prof. Dr. Muhammad Ildrem Psychiatric Hospital. However, previous treatments have not given fully effective results. The client has no prior history of violence or abuse.

The results of the vital signs examination showed that Mr. D's blood pressure was 114/80 mmHg, with a pulse frequency of 68 x/min, body temperature 36.7 °C, breathing 18 x/min. Height is 166 cm and weight is 61 Kg. When the study was carried out, Mr. D did not complain of any physical disturbances.

Appearance: Mr. D wears appropriate, clean, neat clothes, also maintains personal hygiene by bathing twice a day with soap, and brushing his teeth twice a day with toothpaste. Talk: Mr. D sometimes gives inappropriate answers, does not connect, feels the greatest claim to be the president, member of the Brimob, and an influential figure when asked, Mr. D also says that he has completed his

education at the undergraduate level from the department of mechanical engineering in the Kisaran area, but the statement does not match the actual facts. Motor activity: Mr. D seemed tense when invited to communicate. Nature of feelings: Mr. D feels sad, ashamed and useless. Thought process: Mr. D shows a mindset like the flight of ideas, where his line of thought jumps and is difficult to understand. When he was invited to speak, Mr. D gave an inappropriate answer so that the conversation became disconnected. Time disorientation: Mr. D does not know the day, date, month and year. People disorientation: Mr. D seems confused by his surroundings because his friends are not important people. Disorientation of place: when the assessment was carried out, Mr. D said that he was now on Jl. Jamin Ginting and not a mental hospital.

The diagnosis of nursing that is the core problem is a disorder of the thought process: the greatness of the mind. The cause is a disorder of self-concept: chronic low self-esteem and the impact of greatness is a disorder of verbal communication.

The planned interventions are, at the first diagnosis: After nursing care intervention for 4 meetings, it is expected that Mr. D's greatness will decrease, with the following outcome criteria: decreased behavioral behavior; behavior according to reality improves; Think about reality; Thought process improves, with planning: Sp 1: build a relationship of mutual trust; identification of causes, signs and symptoms, as well as the impact of the client's behavior; train clients in controlling discourse through a reality-oriented approach, namely the orientation of time, people and environment; put these activities into your daily schedule.

Sp 2: Evaluate Mr. D how to control the discourse with a reality orientation, give

praise; discuss the abilities that Mr. D has; practice selected skills and give praise; put these activities into Mr. D's daily schedule. Sp 3: Evaluate Mr. D how to control his behavior with a reality orientation, and the activities carried out by Mr. D, give praise; Explain about the medication taken (benefits of using the drug, disadvantages of not taking the drug, time, name of the drug, method, and dosage); Put these activities into Mr. D's daily schedule.

Sp 4: Evaluate Mr. D how to control his behavior with a reality orientation, activities that have been trained and take medicine, then give praise; Discuss the abilities that Mr. D has, then do the Exercise; Put these activities into Mr. D's daily schedule.

In the diagnosis of self-concept disorder: low self-esteem, the planned interventions are: after nursing care interventions for 3 meetings, it is expected that low self-esteem increases with the following outcome criteria: Positive self-assessment increases; The feeling of having advantages or positive abilities increases; The acceptance of positive self-assessment increases; Increased eye contact; Feelings of shame decrease; The feeling of not being able to do anything decreases, with planning:

Sp 1: Build a relationship of mutual trust with Mr. D; Identify the abilities and positive aspects that Mr. D has; The value of Mr. D's ability; Assist Mr. D in selecting or determining the positive abilities that Mr. D has; Train Mr. D to carry out the selected positive abilities; Put these activities into Mr. D's daily schedule.

SP 2: Evaluation of the first positive ability possessed by Mr. D; Choose the second positive ability that Mr. D has; Practice the second activity of Mr. D. Input these activities into Mr. D's daily schedule

SP 3: Evaluation of the first and second positive abilities possessed by Mr. D;

Choose the third positive ability that Mr. D has; Practice the third activity of Mr. D; Input these activities into Mr. D's daily schedule; Evaluation of the benefits of doing the first and second activities of Mr. D.

In the diagnosis of verbal communication disorder, the planned intervention is: after nursing care for 2 meetings, it is expected that Mr. D's verbal communication improves with the outcome criteria: behavioral response improves, communication comprehension improves with intervention:

Sp 1: identification of the cause of verbal communication disorders; identification of signs and symptoms of verbal communication disorders; identification of Mr. D's communication skills that are still there; Describe alternative methods of communication; Train Mr. D to use the chosen alternative communication method; Incorporate Communication Exercises into Mr. D's daily schedule

SP 2: Evaluation Communication exercises using alternative methods and give praise to Mr. D; Discuss techniques to improve understanding; Practice communication with increased understanding; Incorporate communication exercises with comprehension improvement techniques into Mr. D's daily schedule.

The implementation was carried out on Mr. D for 4 meetings, in accordance with the planned interventions and directly observing the results of the evaluation obtained after the implementation.

Discussion

This case study was carried out in the Merapi 3 Sorik Room, Prof. Dr. Muhammad Ildrem Psychiatric Hospital Medan, involving one person as a sample. The assessment was carried out on March 25, 2025 through a direct interview with

Mr. D, an interview with the room nurse, and supported by Mr. D's medical record data.

Mr. D is a 39-year-old man who lives with his family. He is the fourth of five children and has a background in education at the high school level. Mr. D has a history as a Person with Mental Disorders (ODGJ) and has previously been treated at the same hospital. In his life history, Mr. D has experienced an unpleasant experience, namely feeling unappreciated and not considered as the founder of the Al Islamiyah Kisaran Mosque, in fact, his sister Zaliansyah is recognized as one of the founders.

1. Assessment

The assessment carried out on Mr. D with the disruption of the thought process of the greatness by using therapeutic communication in data and information collection.

The symptom found in Mr. D, namely Mr. D said that he was the president, a member of the Brimob, and an influential figure who played a role in the construction of a mosque in Kisaran, Mr. D said that he had completed his education at the undergraduate level from the department of mechanical engineering in the Kisaran area, but the statement was not in accordance with the actual facts. In addition, Mr. D considers his face the most special part of his body because he feels handsome. The client sees himself as an unmarried adult man. Based on theory (Islami et al., 2024) The symptoms of Mr. D with a sense of greatness include excessive confidence in oneself and others, feelings of having extraordinary power, and thinking that a person occupies a special position or position above most people. The patient also feels that he is a very important individual with a high status. In addition, other symptoms that can appear in individuals with an

overabundance are excessive alertness, extreme emotional changes such as excessive sadness or excitement, tense facial expressions, talking, defiant attitudes, and hyperactive behavior.

The author's understanding and theory show compatibility with the findings directly in the field. The author states that the process of thinking about greatness is a form of disruption in the mindset in which individuals believe that they have greatness, power, abilities or identities that are extraordinary in relation to the real reality.

2. Diagnosis

The nursing diagnoses that appear according to the theory are Disorders of thinking processes of greatness, Disorders of self-concept: chronic low self-esteem, and Disorders of verbal communication. This diagnosis is in accordance with Mr. D's condition which was found directly in the field. There is no significant difference between theory and reality in the field, both in terms of symptoms and causes.(Putri D. k., 2022)

3. Intervention

In the field, this intervention has been applied consistently. The nurse does not dispute the discourse directly, but directs the conversation to the real situation. Mr. D began to show a positive response even though he still maintained his beliefs.

4. Implementation

In the diagnosis of thought process disorders: the greatness of the mind was implemented for 4 meetings from March 25 to 28, 2025. In the diagnosis of self-concept disorder: low self-esteem was implemented for 3 meetings from March 25 to 27, 2025, and the diagnosis of verbal communication disorders was

implemented in 2 meetings from March 25 to March 2025.

In theory, SP 1 is reality orientation, SP 2 is taking medicine, SP 3 is the fulfillment of basic needs, SP 4 is the positive ability that Mr. D has, but what is implemented in the field is reality orientation, taking medicine and Mr. D's positive ability while the fulfillment of Mr. D's basic needs has been fulfilled well.

5. Evaluation

In the case study of Mr. D, the author evaluated the implementation that had been carried out during four meetings, namely from March 25 to 28, 2025. Diagnosis of thought process disorders: greatness after being given excellent service psychiatric nursing care Mr. D showed a decrease in the expression of greatness, Mr. D began to be able to distinguish reality gradually, Mr. D was more emotionally stable and not easily offended when given input and carried out all positive activities in him, and the implementation strategy was still carried out further. The diagnosis of self-concept disorder was also resolved in three meetings, and Mr. D showed the ability to recognize his positive potential and began to apply it in daily activities such as making the bed well, singing well and also drawing well. Meanwhile, the diagnosis of verbal communication disorder still exists, but Mr. D begins to respond to alternative communication methods.

Conclusion

The assessment conducted on March 25, 2025 showed that Mr. D had a disorder of greatness. The assessment conducted by the author is the result of interviews, direct observations, information from the room nurse and from

medical records. Mr. D said that Mr. D said that he was the president, a member of the Brimob, and an influential figure who played a role in the construction of a mosque in Kisaran. Mr. D also said that he had completed his education at the undergraduate level from the department of mechanical engineering in the Kisaran area, but the statement was not in accordance with the actual facts.

The nursing diagnoses that appeared in Mr. D were disorders of the thought process of Greatness, Low Self-Esteem, and Verbal Communication Disorders.

The intervention stipulated in Mr. D is by applying an implementation strategy (SP 1-SP 4) of greatness, low self-esteem, and verbal communication disorders.

The implementation will be carried out for five days from March 25 to 28, 2025. This is based on interventions that have been planned and prepared with strategies for the implementation of thought process disorders: greatness, self-concept disorders: low self-esteem.

The evaluation carried out on Mr. D was at the first diagnosis of thought process disorders: greatness as many as 4 meetings, evaluation at the second diagnosis of self-concept disorders: low self-esteem was carried out 3 times. The evaluation was carried out from March 25-28, 2025 using SOAP, after being given excellent psychiatric nursing care, Mr. D showed a decrease in the expression of greatness, Mr. D began to be able to distinguish reality gradually, Mr. D was more emotionally stable and not easily offended when given input and carried out all positive activities in him, and the implementation strategy was still carried out further.

Suggestion

Mr. D is expected to be able to independently implement the Strategy for the Implementation of the Disorder of the Great Thought Process and improve his positive abilities. It is hoped that students, especially the next writer, can use the results of this writing as a reference in handling similar cases in the future and develop strategies for implementing bigotry therapy that are more effective and in accordance with the needs of Mr. D.

It is hoped that the Prof. Dr. Muhammad Ildrem Medan Psychiatric Hospital can continue to provide psychiatric nursing care services, especially Mr. D with a sense of greatness. It is hoped that the institution can increase the availability and access to reading materials and psychiatric nursing references to support the development of student knowledge, especially in the Diploma Three Nursing Study Program of STIKes Mitra Husada Medan.

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