

*Case study*

Implementation of Strategy 1 (SP 1) for Positive Ability Training in Patients with Low Self-Esteem

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Abstract

Introduction: Low self-esteem is a condition in which individuals have negative perceptions of themselves, feel worthless and incapable, and experience decreased self-confidence. This condition may cause patients to become less active, tend to withdraw from their surroundings, and experience difficulties in interacting with others. One nursing intervention that can be provided to address this condition is Strategy 1 (SP 1) through positive ability training.

Objective: This study aimed to describe the implementation of SP 1 through positive ability training in patients experiencing low self-esteem.

Method: This study used a descriptive method with a case study approach involving two patients diagnosed with low self-esteem at Yayasan Mitra Mulia Husada Palembang. Data were collected through observation, interviews, and documentation. The SP 1 intervention was implemented for three consecutive days, with approximately 15 minutes for each session. The intervention included establishing a therapeutic relationship, identifying the patients' abilities and positive aspects, selecting appropriate abilities, practicing those abilities, and incorporating the activities into a daily schedule. The study obtained ethical approval under Number 004070/KEP STIKES HESTI WIRA SRIWIJAYA/2026.

Results: After receiving SP 1, both patients showed positive progress in recognizing and performing their existing abilities. In the first patient, practicing the activity of making the bed resulted in a decrease in LSE signs and symptoms from 8 to 1. Meanwhile, the second patient showed a decrease from 10 to 3 after practicing sweeping activities. Both patients also demonstrated increased self-confidence, greater participation in activities, and improved independence in carrying out daily activities.

Conclusion: Positive ability training through SP 1 can help patients recognize their existing potential, increase self-confidence and independence, and reduce the signs and symptoms of low self-esteem. This intervention can be implemented simply in daily life with support from family members and the institution.

Keywords: Low Self-Esteem, Positive Ability, Psychiatric Nursing, Implementation Strategy

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INTRODUCTION

Mental health refers to a condition in which individuals are able to recognize their potential, cope with life stressors, perform activities productively, and make positive contributions to their surroundings (Sarmini et al., 2023). Mental health problems remain a concern in various countries, including Indonesia. One of the commonly encountered mental disorders is schizophrenia. According to the WHO in 2019, approximately 20 million people worldwide were living with schizophrenia. In Indonesia, schizophrenia is also among the frequently encountered mental disorders, and many patients receive treatment in mental health facilities (Fazriyani & Mubin, 2021).

Schizophrenia is a severe mental disorder that can affect an individual's thinking processes, perceptions, emotions, and behavior. This condition may cause difficulties in performing daily activities and adapting to the surrounding environment. Hartanti and Saleh (2022) reported that the prevalence of schizophrenia in Indonesia was approximately 1.7 cases per 1,000 population, while in South Sumatra Province it was approximately 1.1 cases per 1,000 population. This condition indicates that psychosocial problems among patients continue to require appropriate management.

One psychosocial problem that may occur in patients with mental disorders is low self-esteem (LSE). This condition is characterized by negative self-evaluation, feelings of inadequacy, feelings of worthlessness, and decreased self-confidence. Patients with LSE may also experience difficulties in social

interaction, withdraw from their surroundings, and have difficulties performing daily activities. If the condition persists, it may further interfere with the patient's ability to function in everyday life.

Management of low self-esteem requires nursing interventions that can help patients rediscover the abilities they still possess. One intervention that can be provided is Implementation Strategy 1 (SP 1) through positive ability training. The intervention involves establishing a therapeutic relationship, helping patients identify their abilities and positive aspects, determining abilities that can be practiced, carrying out the training, providing positive reinforcement, and incorporating the activities into a daily schedule. Through this process, patients are expected to gain successful experiences that can increase self-confidence and reduce negative perceptions of themselves.

Based on this description, the implementation of SP 1 through positive ability training can be used as an alternative nursing intervention for patients with low self-esteem. This intervention not only helps patients recognize their abilities but also encourages increased self-confidence and independence in performing daily activities. Therefore, this study was conducted to describe the implementation of SP 1 through positive ability training in patients with low self-esteem.

METHOD

This study used a descriptive case study design aimed at describing the implementation of Implementation Strategy 1 through positive ability training in patients with a nursing problem of low self-esteem. The study was conducted from May 23–25, 2026, at Yayasan Mitra Mulia Husada Palembang.

The study subjects consisted of two patients who met the inclusion criteria, namely patients with a nursing problem of low self-esteem, willing to participate as respondents, and able to follow the research process. Patients who had already been able to identify their positive aspects and had previously received therapy for low self-esteem were excluded from the study.

The instruments used included an assessment sheet, observation sheet, and interview guide. The observation sheet was used to assess the patients' conditions before, during, and after the implementation of SP 1, including negative thoughts about themselves, emotional responses, withdrawal behavior, interaction abilities, ability to identify positive aspects, as well as changes in self-confidence and patient activities.

Data were collected through observation, interviews, and documentation over three consecutive days. During the implementation of SP 1, the researcher assisted patients in identifying their abilities and positive aspects, determining appropriate abilities to practice, and conducting the training gradually. Interviews were conducted to obtain information regarding the patients' conditions and feelings, while documentation was used as supporting data.

The data were analyzed descriptively by comparing the patients' conditions before and after receiving SP 1. The results of the observations and interviews were presented narratively to describe changes in the patients' ability to identify positive aspects, perform activities, and increase self-confidence. The study received ethical approval and applied the principles of informed consent, anonymity, and confidentiality.

RESULTS

This study was conducted at Yayasan Mitra Mulia Husada Palembang involving two patients with a nursing problem of low self-esteem. Both subjects received the implementation of Strategy 1 (SP 1) in the form of positive ability training for three days. Before the intervention was conducted, the researcher established a therapeutic relationship, conducted an assessment through interviews and observations, and identified the abilities and positive aspects that the patients still possessed. Subsequently, the patients were assisted in selecting abilities that could be practiced and incorporating the activities into their daily activity schedules.

Subject 1 (Mr. I) was 23 years old, unmarried, had completed senior high school, and was the fourth of five siblings. The assessment results showed that the patient experienced low self-esteem, characterized by feelings of failure, feeling useless, low self-confidence, social withdrawal, frequent daydreaming, limited eye contact, and speaking in a soft voice. At the beginning of the SP 1 implementation, the patient stated that he did not have any abilities or strengths to be proud of. After further exploration of his abilities, the patient was able to identify several abilities that he still possessed, namely making the bed and participating in morning exercise. The patient chose making the bed as the ability to be practiced. During the intervention, the patient gradually demonstrated improved ability to perform the activity and was better able to follow instructions. At the end of the implementation, the patient was able to make the bed more independently, felt more satisfied with the results of the activity, and showed increased self-confidence. The number of low self-esteem signs and symptoms decreased from 8 to 1.

Subject 2 (Mr. D) was 28 years old, unmarried, had completed senior high school, and was the second of three siblings. The assessment results showed that the patient experienced low self-esteem, characterized by feelings of insignificance, failure and shame, low self-confidence, being mostly quiet, speaking in a soft voice, frequently lowering his head, limited eye contact, and withdrawing from the environment. At the beginning of the SP 1 implementation, the patient stated that he did not have any abilities to be proud of. After identifying his abilities, the patient was able to mention several activities that he could still perform, namely making the bed, sweeping, mopping, washing clothes, and washing dishes. The patient chose sweeping as the ability to be practiced. After receiving gradual training, the patient appeared more enthusiastic, was able to perform the sweeping activity more independently, and began to feel that he was more useful. At the end of the implementation, the patient also showed increased self-confidence and was able to maintain the practiced activity in his daily schedule. The number of low self-esteem signs and symptoms decreased from 10 to 3.

The results of the implementation of Strategy 1 (SP 1) in both subjects showed positive changes after three days of positive ability training. Subject 1 experienced a decrease in low self-esteem signs and symptoms from 8 to 1, while Subject 2 experienced a decrease from 10 to 3. Both subjects also demonstrated improved ability to recognize positive aspects, perform the selected activities, and increased self-confidence after receiving positive ability training.

DISCUSSION

Based on the implementation of Strategy 1 (SP 1) through positive ability training in two subjects with the nursing problem of Low Self-Esteem (LSE), both subjects showed a decrease in LSE signs and symptoms after receiving the intervention for three days. Although they had the same nursing diagnosis, the two subjects showed different initial conditions and responses. These differences indicate that LSE may be influenced by psychological conditions, life experiences, and the social environment of each individual.

The assessment results showed that both subjects had characteristics of LSE, including negative self-perception, low self-confidence, feeling that they had no abilities to be proud of, speaking in a soft voice, limited eye contact, and a tendency to be passive. These conditions are consistent with the characteristics of LSE in the Indonesian Nursing Diagnosis Standards (SDKI), namely negative self-evaluation, feelings of inadequacy and worthlessness, and low self-confidence (Tim Pokja SDKI DPP PPNI, 2017). Subject 2 showed more signs and symptoms than Subject 1. This indicates that although the nursing problem was the same, the manifestations and severity of LSE may differ among patients.

The differences in the conditions of the two subjects may be associated with the factors underlying the problem. In Subject 1, the presence of auditory hallucinations and a tendency to withdraw were considered to contribute to reduced self-confidence and participation in activities. This is consistent with Dewi Widyawati (2022), who stated that patients with social withdrawal require continuous positive stimuli to increase their participation in activities and social interactions. Meanwhile, in Subject 2, an unhealthy family environment, lack of attention and affection, and feelings of failure to meet family expectations were considered to contribute to negative self-perception. This finding is consistent with Ulfah et al. (2021), who explained that inadequate family support can cause patients to feel inferior and withdraw from their surroundings. Ifonti and Rahmawati (2023) also stated that feelings of failure and unmet expectations can trigger feelings of worthlessness and a tendency to compare oneself with others.

Based on these conditions, the diagnosis of LSE in both subjects was consistent with the signs and symptoms identified during the assessment. Differences in the number of signs and symptoms did not change the diagnosis because the main problem in both patients remained negative self-perception and low confidence in their abilities. These conditions provided the basis for selecting SP 1 positive ability training as the nursing intervention. The intervention was carried out by helping patients recognize their existing abilities, select appropriate activities, practice those abilities, receive positive reinforcement, and arrange daily activity schedules.

Positive ability training provides patients with opportunities to experience success through simple activities that are appropriate to their abilities. Success in performing an activity can become a positive experience that helps patients recognize that they still possess abilities that can be developed. This finding is consistent with Fazriyani and Mubin (2021), who stated that the implementation of SP 1 can help improve patients' self-confidence through positive ability training. Rosmiati et al. (2022) also explained that positive ability training can help patients recognize their strengths, increase their enthusiasm for performing activities, and develop more positive self-perceptions.

During the intervention, both subjects showed progress, although their responses differed. Subject 1 followed instructions more readily and demonstrated greater independence in performing activities, while

Subject 2 required more motivation and guidance because he remained uncertain about his abilities. These differences indicate that psychiatric nursing interventions need to be adapted to each patient's condition and readiness. Providing motivation, therapeutic communication, and positive reinforcement are important in encouraging patients to try and maintain the abilities they possess. Developing a daily activity schedule can also help patients consistently repeat the activities so that the abilities they have practiced can be maintained.

The evaluation results showed a decrease in LSE signs and symptoms in both subjects. In Subject 1, the signs and symptoms decreased from eight to one, representing an 87.5% reduction, while in Subject 2, they decreased from ten to three, representing a 70% reduction. These findings indicate that SP 1 positive ability training produced positive changes in both subjects. The decrease may have occurred because patients were given opportunities to recognize their abilities, perform activities gradually, and gain successful experiences accompanied by positive reinforcement. However, the differences in outcomes between the two subjects indicate that changes in patients' conditions are influenced not only by the intervention but also by psychological and social factors underlying LSE.

From a clinical practice perspective, SP 1 can be used as a simple nursing intervention that can be adapted to the patient's abilities. The activities provided do not require special facilities and can therefore be incorporated into daily life. From a social perspective, support from family and the surrounding environment is needed to help patients maintain the abilities they have practiced and to provide appreciation for every improvement achieved. Nevertheless, this study had limitations, including the small number of subjects, relatively short intervention period, limited researcher experience, and inadequate patient monitoring due to the distance and location of the patients. Therefore, future studies are recommended to involve a larger number of subjects, longer intervention and follow-up periods, and family involvement to determine the sustainability of the effects of SP 1 on reducing signs and symptoms of LSE.

CONCLUSION

The implementation of Strategy 1 through positive ability training for three days in two patients with low self-esteem at Yayasan Mitra Mulia Husada Palembang demonstrated a decrease in LSE signs and symptoms. In the first patient, the score decreased from 8 to 1, while in the second patient it decreased from 10 to 3. In addition to reducing LSE signs and symptoms, positive ability training helped patients recognize their abilities, increase self-confidence, and develop greater independence in performing daily activities. SP 1 can be used as a simple nursing intervention adapted to the patient's abilities. Future research is recommended to involve a larger number of subjects and a longer follow-up period.

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