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Improving of Self-Care Deficit Through Community As Partner to Enhance Personal Hygiene in Patients with Mental Disorders

Sitti Sulaihah[1*], M. Suhron[2] , Faisal Amir[3], Atik Puji Rahayu[4], Marniyah[5]
[1,2,3,4,5,6] Nursing Department, Universitas Noor Huda Mustofa, Indonesia
***Corresponding Author**: sitti.sulaihah31@gmail.com

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Corresponding author e-mail
sitti.sulaihah31@gmail.com

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ABSTRACT

Background: Self-care deficit is one of the main problems that arise in clients with chronic mental disorders, who frequently neglect their self-care, this condition is a symptom of negative behavior and causes clients to be ostracized both in the family and society. Based on the results of a preliminary study at the Bani Amrini Mental Health Center through observation of all People with Mental Disorders (ODGJ) patients, it was found that patients experienced poor personal hygiene because there was only 1 nursing home officer who supervised 35 patients. The purpose of the study was to analyze the differences in community as partners towards the fulfillment of personal hygiene in patients with self-care deficits. **Methods:** The design of this study was pre-experimental with a one group pre-post-test approach. The population used was People with Mental Disorders (ODGJ) at the Bani Amrini Mental Health Foundation with a sample size of 35 using the Total Sampling technique.The independent variable was "community as partner" (through screening assessments, personal hygiene education, practical demonstrations, independent hygiene activities, and evaluation sessions) and the dependent variable was the fulfillment of personal hygiene. Data sources were collected through observations of the fulfillment of personal hygiene. **Results:** The results of the normality test using the Shapiro–Wilk test showed values of 0.045 in the pretest and 0.026 in the posttest; therefore, the Wilcoxon Signed Rank Test was subsequently performed with a significance level (α) of 0.05. The test results obtained a P-value (0.000) for fulfillment personal hygiene People with Mental Disorders (ODGJ) patients before and after being given community as partner showed that there was a difference between community as a partner in improving fulfillment personal hygiene. **Conclusions:** People with Mental Disorders (ODGJ) patients. The researcher's suggestion is that it is important to implement community as partner therapy continuously to improve the fulfillment of personal hygiene for People with Mental Disorders (ODGJ) patients so that it is expected to help accelerate the recovery and healing process for People with Mental Disorders (ODGJ) patients at the Bani Amrini Mental Health Foundation.

Keyword: Community As Partner; Fulfillment of Personal Hygiene; People with Mental Disorders

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INTRODUCTION:

Mental illness, also referred to as psychiatric or mental disorders, is a health condition that affects thinking, emotions, behavior, mood, or a combination of these aspects. These conditions may occur occasionally or persist over a long period (chronic). Mental disorders range from mild to severe and can affect an individual's ability to function in daily life, including participation in social activities, employment, and maintaining relationships with family members (Antari, 2022).

Patients with severe mental disorders often experience deterioration in daily functioning, characterized by loss of motivation and responsibility. In addition, patients tend to become apathetic, avoid activities, and experience disturbances in personal hygiene. Self-care deficit is one of the primary problems commonly found among individuals with chronic mental disorders. This condition is characterized by neglect of self-care behaviors, representing negative behavioral symptoms that may lead to social exclusion both within the family and the community. Individuals who are unable to perform routine daily activities independently are considered to experience a self-care deficit, such as irregular bathing habits, unkempt hair, long nails, and poor oral hygiene practices.

A self-care deficit occurs when an individual is unable to maintain personal appearance or fulfill the requirements of independent self-care activities, including grooming and toileting activities such as defecation and urination independently (Lasanudin & Sabali, 2023).

Problem identification conducted in collaboration with the partner institution, Yayasan Panti Bani Amrini in Batangan Village, revealed that caregivers experienced difficulties in providing self-care assistance to 35 patients with mental disorders. Based on the latest survey conducted on February 20, 2024, the foundation accommodates 35 patients with mental disorders, all of whom are managed by a single caregiver.

According to the World Health Organization (WHO), nearly one billion people worldwide experience various forms of mental health disorders. In 2020, anxiety disorders increased significantly by 26%, while depression cases rose by 28% due to the COVID-19 pandemic. In Indonesia, the prevalence of mental disorders also increased in 2022, with approximately 82.5% of the population experiencing psychological problems. Mental and neurological disorders among older adults contribute to 6.6% of total disability-adjusted life years (DALYs), and approximately 15% of adults aged 60 years and above suffer from mental disorders. Meanwhile, severe mental disorders such as schizophrenia affect around 400,000 individuals, equivalent to 1.7 per 1,000 population in Indonesia (WHO, 2020).

East Java Province ranks 19th out of 34 provinces in Indonesia regarding mental disorder prevalence, with a rate of 6.4%. Although ranked 19th, the prevalence remains relatively high, with an average range reaching 6.65% (Ministry of Health, 2019).

Batangan Village, located within the working area of the Tanah Merah Primary Health Center, was the second-highest contributor of people with mental disorders (ODGJ) in Bangkalan Regency during 2022–2023. Furthermore, in terms of mental health service coverage for patients with severe mental disorders, Bangkalan Regency ranked 27th in East Java Province (East Java Provincial Health Office, 2022).

These conditions require special attention in handling and improving independence during the mental health recovery process, particularly at Yayasan Bani Amrini, which has limitations in management resources. Tanah Merah recorded 101 identified cases of mental disorders in 2022 and increased to 129 cases in 2023 (Bangkalan District Health Office, 2024).

Patients with mental disorders experiencing self-care deficits commonly encounter difficulties in daily activities, including bathing, dressing, grooming, and eating. Specifically, patients may struggle to determine necessary bathing equipment, understand bathing procedures and schedules, select and wear clothing appropriately, fasten buttons, prepare food properly, and perform toileting activities such as cleaning themselves after defecation or

urination and maintaining bathroom hygiene (Susanti et al., 2023).

Poor self-care practices may result in integumentary disorders, oral health problems, and nail-related diseases. Socially, these conditions may affect comfort needs, affection needs, self-esteem, self-actualization, and interpersonal relationships. Healthcare workers and caregivers may also be at risk of disease transmission due to inadequate personal hygiene among patients (Wati et al., 2023).

A common issue experienced by patients with mental disorders is limited ability to perform activities of daily living (ADL), leading to decreased independence. This condition affects environmental cleanliness, patient self-care, and the mental recovery process. Reduced independence becomes a challenge not only for patients but also for families and caregivers. Structured daily activities through Activity Daily Living (ADL) programs are essential to improve patient independence and support recovery outcomes (Rahmawati et al., 2023).

Personal hygiene plays an essential role in maintaining health status. Awareness and independence in performing self-care activities are necessary to preserve health and prevent disease (Akmal et al., 2013, cited in Eka et al., 2022). Personal hygiene includes skin cleanliness, hair hygiene, oral and dental hygiene, eye hygiene, as well as fingernail and toenail care (Anggraini, 2017, cited in Eka et al., 2022).

Based on the background described above, the researchers are interested in conducting a study on independent personal hygiene activities to improve independence among patients with mental disorders experiencing self-care deficits.

METHODS:

The design of this study was pre-experimental with a one group pre-post-test approach. It was employed to evaluate changes in personal hygiene before and after the intervention within the same group of participants. This design was selected due to the limited number of subjects, ethical considerations in providing equal care to all patients, and the study's aim to assess the preliminary effectiveness of the Community-as-Partner approach. The population used was People with Mental Disorders (ODGJ) at the Bani Amrini Mental Health Foundation with a sample size of 35 using the Total Sampling technique.The independent variable was community as partner and the dependent variable was the fulfillment of personal hygiene. Data sources were collected through observations of the fulfillment of personal hygiene using the Wilcoxon Signed Rank Test with a significance value (α) of 0.05.

This study was conducted from May 14 to July 3, 2024, and received ethical approval number 2249/KEPK/STIKES-NHM/EC/VIII/2024. The research activities were carried out by the research team with assistance from mental health facility staff. The intervention was implemented in five stages: (1) screening/assessment to evaluate patients' personal hygiene using a pretest observation checklist; (2) analysis/socialization through behavioral therapy education on personal hygiene activities; (3) planning/role play to train patients' skills in performing personal hygiene; (4) implementation through independent personal hygiene activities; and (5) evaluation by comparing pretest and posttest results to assess improvements in patients' independence in personal hygiene practices

RESULTS:

Overview of the Research Setting

Batangan Village is located within the administrative area of Tanah Merah District. It is situated in a rural setting characterized by clustered residential settlements, although some houses are dispersed. The Bani Amrini Mental Health Foundation, located in Tantoh Hamlet, Batangan Village, focuses on the rehabilitation and recovery of people with mental disorders (ODGJ).

From a physical perspective, the Bani Amrini Mental Health Foundation is situated in a rural residential environment. Socially, limited interaction among patients with mental disorders and between patients and caregivers leads to the inadequate fulfillment of daily needs and comprehensive care services. Therefore,

addressing self-care deficits through a community-as-partner approach is essential at the Bani Amrini Mental Health Foundation.

From an economic perspective, most community members earn their livelihood through agriculture. Batangan Village is known as a rice-producing area with relatively good quality production. The majority of residents rely on privately owned rice fields as their primary source of income to meet daily economic needs.

Respondent Characteristics

Table 1 Frequency Distribution of Patients with Mental Disorders Based on Gender and Aged at the Bani Amrini Mental Health Foundation

Characteristics	Frequency	Percentage
Gender		
Male	27	77,14%
Female	8	22,86%
Total	35	100%
Age Group		
5-9 years	0	0,00%
10-18 years	4	11,43%
19-59 years	31	88,57%
Total	35	100%

Primary Source, November 2024

Based on Table 1, it was found that the majority of respondents were male with a total of 27 patients (77%) and most respondents in the intervention group were aged 19–59 years, with a total of 34 patients (88.57%).

Table 2. Self-Care Deficit in Patients with Mental Disorders Before the Implementation of the Community as Partner Intervention on Personal Hygiene Fulfillment at Bani Amrini Mental Health Foundation

Category	Frequency	Percentage
Low	11	31.43%
Moderate	24	68.57%
Good	0	0.00%
Total	35	100.00 %

Primary Source, November 2024

Based on the table above, the majority of patients with mental disorders at the Bani Amrini Mental Health Foundation demonstrated **moderate personal hygiene fulfillment**, with a total of **24 patients (68%)**.

Table 3. Self-Care Deficit in Patients with Mental Disorders After the Implementation of the Community as Partner Intervention on Personal Hygiene Fulfillment

Category	Frequency	Percentage
Low	0	0.00%
Moderate	16	45.71%
Good	19	54.29%
Total	35	100.00 %

Primary Source, November 2024

Based on Table 3, most patients demonstrated **good personal hygiene fulfillment**, with a total of **19 patients (54%)** after the intervention

Table 4. Differences in Self-Care Deficits Among Patients with Mental Disorders Before and After the Community as Partner Intervention on Personal Hygiene Fulfillment

Category	Pre test		Post test	
	N	%	N	%
Low	11	31.43%	0	0.00%
Moderate	24	68.57%	16	45.71%
Good	0	0.00%	19	54.29%
Mean	5.8857		11.4000	
Std.Deviation	2.39818		2.32885	
Wilcoxon Sign Rank test	ρ=0,000		α=< 0,05	

Table 4 shows that the mean score before the Community as Partner intervention was 5.8857, while after the intervention it increased to 11.4000. A lower standard deviation indicates more consistent data distribution among respondents.

Statistical analysis using the Wilcoxon Signed Rank Test showed a p-value of 0.000 (< 0.05), indicating statistical significance. Therefore, it can be concluded that there was a significant difference in personal hygiene fulfillment before and after the Community as Partner intervention.

Table 5 Differences in Personal Hygiene Fulfillment Behavior Before and After the Community as Partner Intervention During the Screening Session

		Session 1		Total
	Category	**Fair**	**Good**	
Pre Test	Low	3	8	11
	Percentage	27.3%	72.7%	100.0%
	Moderate	0	24	24
	Percentage	0%	100.0%	100.0%
Total		3	32	35

The results indicated that most patients experienced improvement from the low category to moderate (3 patients; 27.3%), and from low to good category (8 patients; 72.7%).

Table 6 Differences in Personal Hygiene Fulfillment Behavior Before and After the Community as Partner Intervention During the Socialization Session

		Session 2		Total
	Category	Fair	Good	
Pre Test & Post Test	Low	5	6	11
	Percentage	45.5%	54.5%	100.0%
	Moderate	0	24	24
	Percentage	0%	100.0%	100.0%
Total		5	30	35

Most patients showed improvement from poor to moderate category (5 patients; 45.5%), and from low to good category (6 patients; 54.5%).

Table 7. Differences in Personal Hygiene Fulfillment Behavior Before and After the Community as Partner Intervention During the Role Play Session

Almost all patients demonstrated improvement from **poor to moderate category (1 patient; 9.1%)** and from **low to good category (10 patients; 90.9%)**.

Table 8. Differences in Personal Hygiene Fulfillment Behavior Before and After the Community as Partner Intervention During the Independent Activity Session

		Session 4		Total
	Category	Fair	Good	
Post Test	Low	1	10	11
	Percentage	9.1%	90.9%	100.0%
	Moderate	0	24	24
	Percentage	0%	100.0%	100.0%
Total		1	34	35

Nearly all patients experienced improvement from low to moderate category (1 patient; 9.1%) and from low to good category (10 patients; 90.9%).

Table 9. Differences in Personal Hygiene Fulfillment Behavior Before and After the Community as Partner Intervention During the Evaluation Session

All patients at the Bani Amrini Mental Health Foundation showed improvement from the low category (0%) to the good category (11 patients; 100%) following the evaluation session.

DISCUSSION:

Self-Care Deficit in People with Mental Disorders Before the Community as Partner Intervention

Based on the research results conducted at the Bani Amrini Mental Health Foundation, most people with mental disorders demonstrated an adequate level of personal hygiene fulfillment prior to the implementation of the *Community as Partner* intervention. Observational findings indicated that the lowest number of patients

		Session 3		Total
	Category	Fair	Good	
Pre Test	Low	1	10	11
	Percentage	9.1%	90.9%	100.0%
	Moderate	0	24	24
	Percentage	0%	100.0%	100.0%
Total		1	34	35

performing personal hygiene activities was related to the statement *"performing bathing twice daily,"* with only seven patients completing this activity. Meanwhile, the highest compliance was observed in the statement *"bathing using soap,"* performed by twenty-one patients.

According to Baskara et al. (2019) , patients with schizophrenia commonly experience self-care deficits characterized by decreased motivation to perform daily self-care activities such as bathing, dressing, eating, and drinking. Clinical manifestations include untidy appearance, infrequent bathing, dependence on motivation during hygiene activities, failure to change clothes after bathing, urinary incontinence accompanied by unpleasant odor, dirty hair with dandruff, and untrimmed nails. Communication disturbances are also evident, including minimal verbal interaction, brief responses, reduced initiation of conversation, lethargic motor activity, and vacant facial expressions.

These findings are consistent with the study conducted by Sari et al., (2022), which reported that prior to personal hygiene intervention, patients exhibited a high percentage of self-care deficit symptoms (71%). Patients showed refusal to perform self-care, inability to bathe independently, low motivation, inability to groom independently, and dependence during eating activities. Bathing ability was recorded at 42%, while grooming ability was 0% before intervention.

The researcher assumes that people with mental disorders frequently experience self-care deficits due to impaired independence in personal hygiene activities. Patients who are unable to bathe independently often appear dirty, emit unpleasant odors, and show poor grooming conditions. Contributing factors include priority psychiatric diagnoses such as delusions, hallucinations, violent behavior, suicide risk, social isolation, and low self-esteem. Therefore, the *Community as Partner* model was implemented at the Bani Amrini Mental Health Foundation through five nursing processes: assessment, analysis, role play, implementation, and evaluation.

Observation results further showed that only nearly half of the patients combed their hair neatly, a small proportion applied skin moisturizer after bathing, and almost half changed clothes daily and wore clean, tidy clothing.

Yanti et al. (2021) explained that schizophrenia patients often experience decreased daily functioning due to loss of motivation and apathy, leading to reduced energy and diminished interest in life activities. As a result, patients tend to neglect hygiene, nutrition, clothing neatness, grooming, and toileting needs. Increased anxiety associated with delusions, hallucinations, and aggressive behavior may further worsen self-care deficits.

The researcher concludes that self-care deficits among people with mental disorders reduce life motivation and disrupt daily functioning, causing patients to neglect appearance, clothing hygiene, grooming behavior, and skin care practices.

Self-Care Deficit in People with Mental Disorders After the Community as Partner Intervention Toward Personal Hygiene Fulfillment

Following implementation of the *Community as Partner* intervention at the Bani Amrini Mental Health Foundation, most patients demonstrated good personal hygiene fulfillment. Observational results indicated that the lowest compliance remained in applying skin moisturizer after bathing (21 patients), while the highest compliance was found in bathing using soap (35 patients).

Wati et al. (2023) reported that structured personal hygiene training significantly improves patients' self-care abilities. Personal hygiene represents an essential activity of daily living

learned progressively and maintained as a lifelong habit. Personal hygiene practices involve not only the activities themselves—such as bathing, dressing, toileting, and eating—but also considerations regarding frequency, timing, environment, social support, and execution methods. Gradual training without dependence on assistance promotes patient independence and reduces self-care deficits.

The results suggest that implementing the Community as Partner model—through screening assessments, personal hygiene education, practical demonstrations, independent hygiene activities, and evaluation sessions—improved personal hygiene among patients. Consequently, patients became more independent in daily hygiene activities, supporting faster recovery processes.

Nearly all patients were able to comb their hair neatly after intervention. These findings align with Sari et al. (2021), who demonstrated significant improvement in bathing ability from 42% to 100% and grooming ability from 0% to 63% after personal hygiene intervention. Personal hygiene training effectively reduced symptoms of self-care deficit while enhancing grooming behavior.

The intervention also improved patient communication abilities. Evaluation results showed progressive increases in effective interaction using appropriate language and body posture across all intervention sessions, including screening, socialization, role play, independent activity, and evaluation phases.

Research by Yanti et al. (2021) demonstrated that standardized communication interventions significantly increased independence among schizophrenia patients. Similarly, Malo et al. (2023) emphasized that effective therapeutic relationships and communication between healthcare providers and patients promote successful self-care performance.

The researcher concludes that effective communication enhances patient confidence, which positively influences independent self-care behavior, particularly personal hygiene fulfillment. Continuous improvement was observed throughout each session of the *Community as Partner* implementation.

Overall, patients showed progressive improvement across intervention sessions, including agreement with therapeutic contracts, participation in activities, ability to explain therapeutic goals, acceptance of feedback, performance of daily living activities independently, and effective interpersonal communication.

Implementation of structured nursing stages—assessment, diagnosis, intervention, implementation, and evaluation—has been shown to improve personal hygiene abilities, achieving an average independence level of 80.5% (Wati et al., 2023).

The researcher argues that the significant improvement occurred because patients became more motivated and capable of performing personal hygiene independently. The intervention consisted of five sessions conducted twice weekly, enabling patients to practice daily activities such as bathing, dressing, grooming, and toileting without assistance.

Differences in Self-Care Deficit Before and After the Community as Partner Intervention

The Wilcoxon Signed Rank Test analysis of personal hygiene fulfillment among patients at the Bani Amrini Mental Health Foundation produced a p-value of 0.000, indicating a significant difference before and after implementation of the *Community as Partner* intervention.

Evaluation results demonstrated progressive improvement beginning from the screening session, organizational participation, educational socialization, role play activities, independent practice, and evaluation sessions,

where almost all patients reached the good category.

According to Wahyu (2016), the *Community as Partner* model emphasizes Primary Health Care philosophy, encouraging community participation in health promotion, disease prevention, and problem management through empowerment and partnership approaches. This model prioritizes collaboration, enabling communities to take shared responsibility for health problems.

The researcher believes that improvements occurred because partners actively participated in organizing daily living independence activities. Supportive programs such as daily morning meetings, group activities, and mutual medication reminders increased patient motivation and independence, particularly in personal hygiene fulfillment.

Before intervention, personal hygiene fulfillment was predominantly categorized as poor to moderate, with no patients in the good category. After intervention, no patients remained in the poor category, nearly half reached moderate levels, and the majority achieved good personal hygiene fulfillment. Thus, a significant difference was confirmed.

These findings are supported by Sainyakit et al. (2024), who reported significant improvement in self-care ability following intervention strategies, confirmed through Wilcoxon testing ($p = 0.000$).

The researcher concludes that the *Community as Partner* intervention functions as a collaborative recovery program that enhances self-care independence among people with mental disorders.

Demographic findings showed that most patients were male. Previous research (Jusufi et al., 2024) reported higher schizophrenia prevalence among males due to hormonal, environmental, and genetic factors. Earlier onset and poorer prognosis are often observed in men, partly because estrogen in females provides protective effects against dopamine dysregulation.

Age characteristics indicated that most patients were within the productive age range of 19–59 years. According to (Sulistyorini and Setyawati (2024), self-care deficits may also be influenced by age-related developmental factors affecting cognitive, motivational, and psychomotor functioning. Despite being within mature age groups, patients may experience decreased willingness and ability to perform self-care due to attention, memory, and awareness disturbances.

The researcher concludes that age and gender characteristics contribute to vulnerability to mental disorders and influence the level of independence in personal hygiene fulfillment. This study has limitations, including the use of a pre-experimental design without a control group and a limited sample size drawn from a single site.

CONCLUSIONS:

Before the implementation of the Community-as-Partner intervention, most people with mental disorders (ODGJ) demonstrated an adequate level of personal hygiene fulfillment, indicating the presence of self-care deficits. Following the intervention, the majority of patients achieved a good level of personal hygiene fulfillment. Furthermore, there was a significant difference in self-care deficits before and after the implementation of the Community-as-Partner intervention, indicating its effectiveness in improving personal hygiene fulfillment among patients

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