Implementation of Independent Personal Hygiene Practices to Address Self-Care Deficits in Patients with Schizophrenia

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ABSTRACT
Schizophrenia is a chronic mental disorder characterized by psychotic behavior, concrete thinking, and difficulties in processing information, affecting cognition, perception, emotion, movement, and behavior. Appropriate management of self-care deficits includes interventions aimed at improving personal hygiene. This study aimed to evaluate the implementation of independent personal hygiene activities on the self-care independence of hospitalized patients with schizophrenia experiencing self-care deficits. This study employed a case report approach. Samples were selected using purposive sampling, and data were collected using a psychiatric nursing care format. The subjects consisted of four patients with schizophrenia who received nursing care including assessment, nursing diagnosis, intervention planning, implementation, and evaluation through the application of Implementation Strategies 1–4 (SP1–SP4). The results of the seven-day intervention showed that patients were able to perform self-care activities, including bathing (hygiene), grooming, eating and drinking, and toileting. These findings suggest that the application of personal hygiene interventions can improve patients' ability to perform self-care independently. It can be concluded that the implementation of independent personal hygiene activities was successful in achieving good personal hygiene conditions among hospitalized patients with schizophrenia.
Keywords: schizophrenia; self-care deficit; personal hygiene; implementation strategy

INTRODUCTION
Mental disorders are defined as clinically significant syndromes or behavioral patterns associated with distress and impairment in one or more areas of human functioning [1]. One consequence of a patient's inability to perform self-care is a self-care deficit, a condition frequently observed in individuals with schizophrenia in which a person experiences difficulty performing or completing daily activities independently [2]. Mental disorders are health conditions manifested through behavioral or psychological disturbances associated with significant distress and impaired functioning and may result from biological, social, psychological, genetic, physical, or chemical factors [3]. They may also be understood as deviations from normative mental health concepts, with each disorder presenting specific signs and symptoms [4].

Schizophrenia is a disorder that affects the brain and disrupts thought processes, perception, emotions, movement, and behavior [5]. It is a chronic mental disorder characterized by psychotic behavior, concrete thinking, and difficulties in processing information [6]. Rather than being a single disease entity, schizophrenia is considered a syndrome or disease process consisting of diverse symptoms [7]. As a neurological condition, it affects patients' perception, thinking patterns, language, emotional responses, and social behavior [8]. Common manifestations include impaired communication, distorted reality testing, inappropriate or blunted affect, cognitive disturbances, and difficulty performing activities of daily living [9].

A self-care deficit occurs when individuals are unable to perform or complete activities of daily living independently. This condition may be indicated by lack of motivation to bathe regularly, poor grooming, dirty clothing, body odor, halitosis, and an unkempt appearance [10]. More broadly, it refers to the inability to perform self-care activities such as maintaining hygiene, dressing or grooming, eating and drinking, and toileting independently [11]. Personal hygiene interventions can improve self-care ability and reduce the signs and symptoms of self-care deficits. Promoting independence through personal hygiene training may help patients meet their needs without relying on others [12, 13]. Individuals with self-care deficits commonly experience difficulty performing activities such as bathing, eating, drinking, grooming, and maintaining cleanliness independently [14].

If left untreated, severe self-care deficits may increase health risks, including infections, reduced quality of life, and dependence on others for basic daily needs [15]. Data from the World Health Organization in 2022 indicate that approximately 1 in 300 people worldwide, or about 24 million individuals, live with schizophrenia, with around 1 in 222 cases occurring in adulthood. Indonesian Basic Health Research (Riskesdas) in 2018 reported a prevalence of 1.8 schizophrenia cases per 1,000 population [16]. It is estimated that one in five people in Indonesia experiences some form of mental disorder, representing about 20% of the population. Based on projections from Statistics Indonesia (BPS) for 2010–2035 processed by the Ministry of Health Data Center, the prevalence of severe mental disorders in East Java is estimated at 0.19% of the population. In 2019, East Java had 39,698,631 inhabitants, with approximately 6.8% (1,889,655 individuals) aged over 15 years experiencing mental–emotional disorders, a figure that appears relatively stable compared with previous years [17].

Poor self-care has substantial impacts on physical health and may lead to complications such as impaired skin integrity, oral mucosal disorders, infections of the eyes and ears, and other health problems. Based on this background, the author conducted a case study of patients experiencing self-care deficits. The intervention aimed to improve patient independence through structured personal hygiene strategies: SP1 included discussing the importance of personal hygiene, methods of self-care, and training in bathing, shampooing, and tooth brushing; SP2 involved grooming activities such as dressing, hair combing, shaving for men, and cosmetic grooming for women; SP3 focused on preparation for eating and drinking; and SP4 involved toileting training [18].

This study aimed to evaluate the effect of implementing independent personal hygiene activities on the independence of patients with self-care deficits in the Perkutut Ward of the West Java Provincial Mental Hospital under specific care conditions. The author conducted a comprehensive nursing case study of patients with self-care deficits in the Perkutut Ward of the West Java Provincial Mental Hospital in 2025. This study is expected to enrich references for nurses, students, and mental health practitioners in implementing psychiatric nursing care, particularly nursing interventions involving training in personal hygiene, grooming, eating and drinking, and toileting.

METHODS
This study was conducted from 14 October 2025 to 21 October 2025 in the Perkutut Ward of the West Java Provincial Mental Hospital. The study employed a case report, which allows intensive and in-depth exploration of a phenomenon within individuals, groups, or institutions and is commonly used in psychiatric nursing practice [19, 20]. The study subjects consisted of four patients diagnosed with self-care deficits. Participants were recruited using purposive sampling, and data collection instruments included a psychiatric nursing care format, daily intervention records, and observation sheets documenting patient responses to interventions.

The study procedures followed a structured nursing process consisting of assessment, nursing diagnosis, intervention planning, implementation, and evaluation. Nursing care was delivered through the application of Implementation Strategies: SP1 involved training patients in personal hygiene activities such as bathing, shampooing, and tooth brushing; SP2 included grooming training such as dressing, hair combing, shaving for men, and cosmetic grooming for women; SP3 focused on training patients to eat and drink independently; and SP4 involved toileting training (urination and defecation) [18]. The intervention was conducted over seven sessions, during which patients were observed both during and after the intervention period.

Data analysis was performed descriptively by examining changes in patient responses throughout the intervention process. Indicators used to evaluate intervention outcomes included improvement in self-care performance, increased reality awareness, and enhanced patient ability to perform daily self-care activities independently. Findings were presented narratively based on observation results and nursing documentation.

RESULTS

Table 1 presents the identity, gender, age, and precipitating factors of the four patients. The first patient, Mr. M (58 years), initially experienced rejection from close relatives, frequently daydreamed, and developed hallucinations. He often neglected personal hygiene, particularly bathing. The second patient, Mr. B (35 years), reported that during the first three days of hospitalization he had not bathed or changed clothes. The third patient, Mr. S (29 years), was reported by his family to have been bullied by peers, after which he became socially withdrawn and reluctant to perform self-care. The fourth patient, Mr. I (24 years), was reported by his family to frequently talk to himself, become aggressive, and never perform self-care such as bathing.

Table 1. Assessment of schizophrenia patients with self-care deficit

Category	Mr. M	Mr. B	Mr. S	Mr. I
Sex	Male	Male	Male	Male
Age	58 years	35 years	29 years	24 years
Predisposing Factors	Social rejection	Job loss	Bullying victim	Online gambling stress

Table 2. Implementation of nursing interventions in schizophrenia patients with self-care deficit

Day, Date, Time	Mr. M	Mr. B	Mr. S	Mr. I
Tuesday, 14 Oct 2025 – 10:00	SP1: Explained importance of personal hygiene; explained hygiene procedures; assisted practice (bathing, shampooing, tooth-brushing); advised inclusion in daily schedule.	Same as Mr. M	Same as Mr. M	Same as Mr. M
Wednesday, 15 Oct 2025 – 16:00	SP1: Evaluated previous activities; evaluated daily schedule; assisted hygiene practice; reinforced scheduling.	SP2: Evaluated SP1; evaluated daily schedule; trained grooming (dressing, hair combing, shaving/make-up); reinforced scheduling.	SP1: Same as Mr. M	SP1: Same as Mr. M
Thursday, 16 Oct 2025 – 09:00	SP2: Evaluated SP1; evaluated daily schedule; trained grooming; reinforced scheduling.	SP2: Evaluated SP2; evaluated schedule; trained grooming; reinforced scheduling.	SP1: Hygiene practice reinforced.	SP1: Hygiene practice reinforced.
Friday, 17 Oct 2025 – 15:00	SP3: Evaluated SP2; evaluated schedule; explained meal preparation; explained orderly eating; explained cleaning utensils; supervised eating practice; reinforced scheduling.	Same as Mr. M	SP1: Hygiene practice reinforced.	SP1: Hygiene practice reinforced.
Saturday, 18 Oct 2025 – 08:00	SP3: Reinforced eating practice and schedule.	Same as Mr. M	SP2: Grooming training reinforced.	SP1: Hygiene practice reinforced.
Monday, 20 Oct 2025 – 09:00	SP4: Evaluated SP3; evaluated schedule; explained proper toileting place; explained post-toileting hygiene; explained cleaning toilet; reinforced scheduling.	SP3: Eating practice reinforced.	SP2: Grooming training reinforced.	SP1: Hygiene practice reinforced.
Tuesday, 21 Oct 2025 – 19:00	SP4: Toileting training reinforced.	SP3: Eating practice reinforced.	SP2: Grooming training reinforced.	SP1: Hygiene practice reinforced.

Table 2 describes the implementation of interventions from SP1 to SP4. On the first day, most patients still experienced difficulty performing self-care and did not understand grooming procedures (SP1–SP2). By the third and fourth days, all patients began to show changes, indicated by their ability to perform hygiene activities (SP1: bathing, shampooing) and grooming (SP2: changing clothes, combing hair). On the fifth and sixth days, most patients were able to follow scheduled SP3 activities (learning correct eating and drinking procedures) and began attempting SP4 activities (toileting). By the seventh day, nearly all patients demonstrated clear progress, showing increased independence in managing self-care deficits and completing all stages more consistently. Overall, the table indicates a gradual improvement in patient self-care skills during the seven-day intervention period.

Table 3. Evaluation of intervention implementation in schizophrenia patients with self-care deficit

Day, Date, Time	Mr. M	Mr. B	Mr. S	Mr. I
Tuesday, 14 Oct 2025 – 13:00	SP1: S: refused hygiene unless assisted. O: untidy, confused. A: not resolved. P: continue SP1.	SP1: S: bathed with help. O: hesitant but clean. A: resolved. P: continue SP2.	SP1: S: refused bathing. O: poor hygiene, lethargic. A: not resolved. P: continue SP1.	SP1: S: did not understand instructions. O: confused, unpleasant odor. A: not resolved. P: continue SP1.
Wednesday, 15 Oct 2025 – 18:00	SP1 resolved, proceed to SP2.	SP2 not resolved, continue SP2.	SP1 not resolved, continue SP1.	SP1 resolved, continue SP1 reinforcement.
Thursday, 16 Oct 2025 – 13:00	SP2 resolved, proceed to SP3.	SP2 resolved, proceed to SP3.	SP1 not resolved, continue SP1.	SP1 not resolved, continue SP1.
Friday, 17 Oct 2025 – 17:00	SP3 not resolved, continue SP3.	Same as Mr. M	SP1 resolved, proceed SP2.	SP1 not resolved, continue SP1.
Saturday, 18 Oct 2025 – 11:00	SP3 resolved, proceed SP4.	SP3 not resolved, continue SP3.	SP2 not resolved, continue SP2.	SP1 not resolved, continue SP1.
Monday, 20 Oct 2025 – 13:00	SP4 not resolved, continue SP4.	SP3 partially achieved.	SP2 not resolved, continue SP2.	SP1 not resolved, continue SP1.
Tuesday, 21 Oct 2025 – 19:00	SP4 resolved — self-care deficit resolved.	SP3 resolved — partially resolved.	SP2 resolved — partially resolved.	SP1 resolved — partially resolved.

Table 3 shows patient progress in applying SP1 to SP4 during the seven-day observation period. For patients Mr. M and Mr. B, self-care activities could not be performed on the first day, but by the seventh day they were able to complete SP1–SP4 independently. For patients Mr. S and Mr. I, difficulties and confusion were still present during SP1 on the first day. By the seventh day, Mr. S was able to understand up to SP2, while Mr. I only understood SP1 and still required assistance from nurses or family members.

DISCUSSION

This study was conducted in the Perkutut ward of the West Java Provincial Mental Hospital in October and examined how health education for patients with mental disorders, particularly those experiencing self-care deficit, influenced the performance of activities of daily living (ADL), including bathing, shampooing, tooth brushing, grooming, eating and drinking, and toileting. The findings from four respondents indicated that the participants were aged 24, 29, 35, and 58 years. During the field implementation, no discrepancy was observed between the theoretical framework and the nursing practices applied, indicating that the nursing care process was implemented consistently with established theoretical standards. The author applied systematic nursing steps consisting of assessment, nursing diagnosis formulation, intervention planning, implementation, and evaluation to determine the effectiveness of the nursing care provided.

Inability is often described as a person's failure to meet environmental demands and accomplish developmental tasks [21]. Accurate, systematic, and continuous assessment allows subsequent care decisions to be made more effectively and appropriately [22]. When individuals experience such inability, their attention tends to become self-focused, concern for others decreases, self-blame may arise, and ultimately motivation for self-care declines, leading to self-care deficit. At this developmental stage, individuals are expected to maintain interdependent relationships, select employment, make career decisions, and build family life, which may further influence psychological stability and functional independence [23, 24].

Sex is also considered a sociocultural component contributing to the predisposition and precipitation of mental disorders. In this study, all four patients were male. This finding is consistent with previous studies indicating that men are more vulnerable to schizophrenia than women [25]. Coping mechanisms between men and women also differ in managing stress and daily functioning, including personal hygiene practices. Women generally show greater concern for body image and appearance, which may result in better hygiene maintenance compared with men, who may show lower motivation toward grooming behaviors [26].

After identifying the nursing problems experienced by clients 1, 2, 3, and 4, the author determined appropriate interventions for each patient. The implementation and evaluation results showed that self-care training techniques had a significant effect on patients with self-care deficit. By the seventh day of intervention, observable improvements were noted across all four clients. Nursing care for self-care deficit was delivered using therapeutic communication principles. Therapeutic communication is a crucial component in the recovery process, as it serves as the primary medium for implementing the nursing process in mental health care settings [27]. Establishing a trusting relationship through continuous interaction was shown to enhance client trust, comfort, openness, and engagement with the nurse, thereby facilitating behavioral change [28].

Psychiatric nurses commonly utilize diagnostic frameworks such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD). These diagnostic guidelines provide standardized criteria for identifying disorders based on clinical symptoms, enabling nurses to determine appropriate diagnoses and interventions [29].

From a theoretical perspective, this study aligns with the self-care theory framework, particularly the model emphasizing how structured programs influence patients' ability to perform self-care, improve quality of life, strengthen self-efficacy, and reduce psychological disturbances such as anxiety and depression [30]. Prior to receiving nursing care for self-care deficit, patients tended to depend heavily on nurses for personal hygiene activities because they had not yet received adequate information or training on proper hygiene practices. After the intervention was implemented, patient dependence gradually decreased, as they had been trained and guided to perform self-care independently [31]. This approach was conducted through demonstration and guided practice, in which the nurse functioned as an instructor who modeled appropriate self-care behaviors and supervised patient practice until independence improved [32].

CONCLUSION

The study findings indicate that the implementation of personal hygiene interventions in clients with self-care deficit nursing problems reduced symptoms and improved patients' ability to perform daily activities independently. Prior to the intervention, patients were largely dependent on assistance, whereas after the intervention they were able to perform self-care more autonomously. This approach therefore contributes to improving patients' daily self-care capacity and overall quality of life.

Ethical consideration, competing interest and source of funding

-This study received ethical approval and did not raise ethical concerns because it was conducted within the framework of therapeutic nursing care. All procedures were authorized by the relevant institutional authorities, patient confidentiality was maintained, and informed consent for treatment was obtained from each participant involved in the study [20].

-There is no conflict of interest related to this publication.

-Source of funding is authors.

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