

Enhancing Self-Esteem in Patients with Low Self-Esteem Through SP1–SP4 Nursing Interventions

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ABSTRACT

Low self-esteem is a common negative symptom observed among patients with mental disorders and can significantly affect their self-confidence and social interaction abilities. This condition often leads patients to feel worthless, withdraw from their environment, and experience difficulties in performing daily activities. The purpose of this case report is to describe the application of nursing interventions using the Implementation Strategies (SP1–SP4) to enhance self-esteem in patients experiencing low self-esteem. The method employed is a case report based on the nursing care process, including assessment, diagnosis, intervention, implementation, and evaluation. The subjects of this report were four patients diagnosed with low self-esteem. The interventions provided included establishing a therapeutic relationship, identifying patients' positive abilities, and training them in simple activities such as making their beds, washing dishes, and performing light exercise. The interventions were carried out over six days with daily monitoring of patient responses. The results demonstrated a gradual improvement in patients' self-confidence, ability to maintain eye contact, social interaction, and independence in performing daily activities. In conclusion, the implementation of the SP1–SP4 strategies was effective in improving self-esteem and enhancing independence among patients with low self-esteem.

Keywords: low self-esteem; nursing interventions; psychiatric nursing; self-confidence

INTRODUCTION

Mental health is an essential component of overall health and is not merely defined as the absence of mental disorders; it is a fundamental need for all individuals [1,2]. Mental health refers to a state of well-being that enables individuals to cope with life's challenges, accept others as they are, and maintain a positive attitude toward themselves and others [3,4]. Individuals experiencing any form of mental disorder should receive prompt treatment, as delays may worsen the condition and negatively affect the patient, family, and community [5].

Based on the 2017 burden of disease analysis, several mental disorders commonly experienced by Indonesians include depression, anxiety, schizophrenia, bipolar disorder, behavioral disorders, autism, eating disorders, intellectual disability, and Attention Deficit Hyperactivity Disorder [6]. Schizophrenia is among the most prevalent mental disorders. Its prevalence is higher in rural areas (7.0%) compared to urban areas (6.4%) [7]. Data from the 2018 Basic Health Research (Riskesdas) indicate that 7 out of 1,000 households have a family member with schizophrenia, more than 19 million Indonesians aged over 15 years experience emotional mental disorders, and over 12 million are estimated to suffer from depression. The suicide rate in Indonesia in 2010 reached 1.6–1.8 per 100,000 population, according to the World Health Organization [8].

Schizophrenia is characterized as a group of psychotic reactions marked by social withdrawal, emotional disturbances, and, in some cases, hallucinations, delusions, and negative behavioral symptoms [9]. Social withdrawal may contribute to low self-esteem among individuals with schizophrenia [1-]. Increased loneliness and reduced social interaction are known risk factors for mental disorders such as schizophrenia and major depression [11]. Low self-esteem is one of the prominent negative symptoms of schizophrenia [12]. Schizophrenia is a serious brain disorder in which individuals may experience perceptual disturbances, negative feelings toward themselves and others, lack of motivation, incoherent speech, and impaired self-care abilities [13,14].

Low self-esteem encompasses an individual's thoughts, beliefs, and perceptions about themselves that influence their relationships with others [15]. It reflects the extent to which individuals evaluate their success based on how well their behaviors align with their personal standards [16,17]. Individuals with low self-esteem may exhibit confusion, impaired short- or long-term memory, hopelessness, helplessness, feelings of worthlessness, reduced activity or enjoyment, social withdrawal, and self-destructive behaviors [18]. Factors contributing to disturbances in self-concept, including low self-esteem, consist of predisposing and precipitating factors. Predisposing factors include biological, psychological, social, and cultural influences, whereas precipitating factors arise from situational stressors and the individual's inability to resolve group activities (TAK). TAK interventions encourage clients to recognize and optimize their positive abilities [19].

Family support plays a crucial role in improving the interaction abilities of patients with low self-esteem [20,21]. Family support refers to the provision of emotional, maintenance, and psychosocial assistance to family members experiencing difficulties [22,23]. Patients with low self-esteem often present with multiple nursing problems, which can be illustrated using a problem tree to show interrelated issues [24].

Observations in the psychiatric inpatient unit where this activity was conducted revealed that several patients exhibited signs and symptoms of low self-esteem, such as lack of confidence, social withdrawal, difficulty maintaining eye contact, and perceived absence of positive abilities. These findings indicate that low self-esteem remains a common issue in psychiatric nursing care and requires structured nursing interventions to enhance patients' abilities and self-confidence.

Low self-esteem affects all aspects of an individual's life due to impaired social functioning [25]. One of the common psychotic symptoms associated with schizophrenia is depression, which further undermines patients' self-confidence and contributes to stigma and rejection from families and communities [26]. Low self-esteem may also lead to complications such as loss of confidence and reduced opportunities for social engagement [27,28].

Nursing interventions to address low self-esteem can be implemented through the SP1–SP4 strategies: SP1 focuses on establishing a therapeutic relationship, helping clients identify their positive abilities, and teaching them to manage low self-esteem through simple activities such as sweeping. SP2 reinforces positive self-perception through bed-making activities. SP3 strengthens positive abilities through dishwashing activities. SP4 promotes positive self-recognition through physical exercise.

The purpose of this case report is to describe the application of the Implementation Strategies (SP1–SP4) in improving self-esteem among patients experiencing low self-esteem.

METHODS

This study employed a case report design using the nursing care process approach, which consists of assessment, nursing diagnosis, intervention, implementation, and evaluation. The activity was conducted in a psychiatric inpatient unit in October 2025 [29]. The subjects of this

case report were four patients diagnosed with low self-esteem as their primary nursing problem. Patient selection was carried out purposively based on the criteria of having a confirmed diagnosis of low self-esteem and willingness to participate in the nursing interventions [30].

The instruments used included the psychiatric nursing care format, patient response observation sheets, and patient progress notes. The primary intervention implemented was the series of Implementation Strategies (SP1–SP4), which consisted of establishing a therapeutic relationship, identifying patients' positive abilities, and training them in simple activities such as making their beds, washing dishes, and performing light physical exercise. The interventions were delivered over six consecutive days, accompanied by daily monitoring of patient progress.

RESULTS

Table 1 presents demographic information and predisposing factors for the four patients. The first patient, Mr. T, a 25-year-old male with a history of a romantic breakup, reported low self-confidence, perceived lack of strengths or positive abilities, rejection of positive feedback, feelings of shame and guilt, belief that he is less capable than others, slouched posture, and reluctance to try new activities. The second patient, Mrs. M, a 36-year-old female who experienced divorce, reported difficulty concentrating, insomnia, hopelessness, poor eye contact, fatigue, dependence on others for decision-making, difficulty making decisions, and speaking softly. The third patient, Mrs. S, a 23-year-old female who felt unappreciated by her family, reported lack of confidence in crowded places, inability to speak clearly with unfamiliar people, inability to maintain eye contact, and difficulty concentrating. The fourth patient, Mr. R, a 20-year-old male experiencing parental pressure, reported feeling worthless within his family, believing he had no abilities, excessive need for reassurance, negative self-evaluation, and non-assertive behavior.

The data show clear differences in each patient's development throughout the intervention period. During the initial days, several patients were unable to trust or communicate with the nurse (SP I). By the second day, some patients were able to converse with the nurse, express their feelings, and perform recommended activities with assistance (SP II). On the third day, patients began performing activities independently but still required reminders (SP III). By the fourth and fifth days, patients were able to carry out activities independently, although they still needed reminders to incorporate them into their daily schedules. By the sixth day, all patients were able to perform the activities independently without reminders (Table 3).

Table 1. Patient data with low self-esteem

Name	Mr. T	Mrs. M	Mrs. S	Mr. R
Sex	Male	Female	Female	Male
Age	25	36	23	20
Predisposing factors	Breakup	Divorce	Feeling unappreciated by family	Parental pressure

Table 2. Implementation of interventions for patients with low self-esteem

Date	Implementation
17 October 2025	SP I: Establishing a therapeutic relationship Identifying the patient's abilities and positive aspects Assisting the patient in evaluating abilities that can still be used Training the patient according to their capabilities Providing appropriate appreciation for each achievement Incorporating activities into the patient's daily schedule.
18 October 2025	SP II: Evaluating the patient's daily schedule Training the second ability, such as making the bed Providing appropriate appreciation for each achievement Incorporating activities into the daily schedule.
19 October 2025	SP III: Evaluating the patient's daily schedule Training the third ability, such as washing dishes Providing appropriate appreciation for each achievement Incorporating activities into the daily schedule.
20 October 2025	SP IV: Evaluating the patient's daily schedule Training the fourth ability, such as engaging in physical exercise Providing appropriate appreciation for each achievement Incorporating activities into the daily schedule.

Table 3. Evaluation of low self-esteem intervention outcomes

Day	Mr. T	Mrs. M	Mrs. S	Mr. R
Day 1	Unable to converse with the nurse; feels extremely inferior.	Reports difficulty concentrating and sleeping; still fatigued; avoids eye contact.	Reports lack of confidence, difficulty concentrating, poor eye contact, and shyness when communicating with new people.	Feels worthless in the family; believes he has no abilities; still evaluates himself negatively.
Day 2	Able to establish a therapeutic relationship; begins interacting with others.	Able to perform activities but still requires assistance.	Able to perform scheduled activities but still needs reminders.	Still evaluates himself negatively; performs activities but requires guidance and reminders.
Day 3	Identifies two positive abilities; eye contact improves; begins attempting light activities independently.	Sleep improves; slight increase in energy; begins making simple decisions; eye contact begins to appear; able to perform scheduled activities independently but still accompanied.	Able to introduce herself to the nurse; concentration improves to 5–10 minutes; brief eye contact; able to perform activities independently but still needs reminders.	Identifies one personal ability; reduced frequency of seeking validation; performs activities 80% independently.
Day 4	Interacts in small groups; posture becomes more upright; confidence increases.	Increased energy; actively participates in group activities; more independent in decision-making; facial expressions more positive.	Able to speak with two new people; eye contact increases to 2–3 seconds; concentration improves to 10–15 minutes.	Begins to show assertiveness; able to express simple opinions; improved social interaction.
Day 5	Able to perform SP1–SP4.	Eye contact more stable; voice clearer; begins to feel more useful.	Able to converse for 5–7 minutes with two people; clearer voice; increased confidence; concentration improves to 15–20 minutes.	More realistic self-evaluation; identifies two personal abilities; more confident in politely refusing requests.
Day 6	Able to perform SP1–SP4 independently without nurse assistance.	Eye contact stable; voice clear; begins to appreciate herself.	Confidence reaches optimal level; able to concentrate well.	Able to refuse others politely; able to interact well with others.

DISCUSSION

The findings of this study indicate that the four patients with low self-esteem presented with diverse backgrounds and predisposing factors, including romantic breakup, divorce, feeling unappreciated by family members, and parental pressure. These factors were shown to influence the development of negative self-perceptions, an inability to realistically evaluate personal abilities, and the emergence of emotional and behavioral symptoms commonly observed in individuals with low self-esteem. During the initial assessment, all patients demonstrated core problems such as lack of confidence, difficulty engaging in social interactions, minimal eye contact, and a persistent tendency to evaluate themselves negatively. Several patients also exhibited physiological disturbances—including sleep difficulties, fatigue, and low energy—which are frequently associated with psychological distress [31].

The nursing interventions implemented in this study followed the structured approach of the Implementation Strategies (SP) 1–4. In the initial phase (SP 1), the focus was on establishing a therapeutic relationship and identifying the patients' personal strengths. Observations revealed that on the first day, most patients were still reluctant or unable to interact with the nurse, a common characteristic among individuals with low self-esteem due to feelings of shame, guilt, and helplessness. However, by the second day, improvements were observed as several patients began to communicate, express their emotions, and accept the nurse's guidance in performing simple activities. This progression suggests that the therapeutic relationship had begun to form and that patients were gradually opening themselves to the intervention process.

In the subsequent days, corresponding to SP 2 and SP 3, patients demonstrated increased ability to perform daily activities. Tasks such as making the bed and washing dishes, although seemingly simple, played an important role in helping patients recognize their remaining functional abilities. These activities also reinforced daily structure through scheduled routines, enabling patients to better understand and reorganize their daily patterns. As the intervention progressed, patients began to exhibit more independent behavior, although some still required reminders from the nurse. This finding aligns with psychiatric nursing theory, which emphasizes that gradual improvement in self-esteem is achieved through consistent reinforcement, structured activities, and repeated successful experiences that strengthen an individual's self-perception [32].

By the fourth and fifth days, more significant changes were evident. Patients appeared more confident, demonstrated greater willingness to interact with new individuals, maintained more stable eye contact, and spoke with clearer and more assertive voices. Physical indicators such as improved posture also emerged, reflecting enhanced self-assurance. Some patients were able to identify their abilities more realistically and began to display assertive behaviors, such as expressing opinions and politely declining requests. These developments indicate that the intervention had a positive impact not only on physical and cognitive functioning but also on the patients' social and emotional development [33].

On the sixth day, nearly all patients showed optimal improvement. They were able to perform scheduled activities independently without requiring reminders from the nurse. They also demonstrated stable eye contact, clearer speech, and greater appreciation of their own abilities. These changes illustrate that the SP 1–4 intervention effectively rebuilt patients' functional abilities, enhanced their positive self-perception, and strengthened their independence [33].

Overall, the progression observed in all four patients demonstrates that the intervention successfully improved self-esteem in a gradual and consistent manner. These findings are consistent with the theoretical framework proposed by Stuart and Sundeen, which states that self-esteem enhancement can be achieved through strengthening personal abilities, structured activity training, establishing a trusting relationship, and providing positive reinforcement for patient achievements [33]. Interventions delivered in a stepwise, planned manner and supported by emotional reinforcement were shown to produce beneficial effects in helping patients rebuild their confidence and social functioning.

The results of the intervention further indicate a progressive improvement in patients' ability to recognize their strengths and perform daily activities. Simple tasks such as making the bed and washing dishes helped patients realize that they still possessed functional abilities that could be utilized. This finding is consistent with the study by Fazriyani and Mubin (2021), which reported that training in positive abilities can enhance self-perception among individuals with low self-esteem [8].

This case report has several limitations. First, the number of subjects was limited to only four patients, which restricts the generalizability of the findings to broader populations. Second, the intervention period was relatively short—only six days—making it difficult to determine the long-term sustainability of the improvements observed. Third, the study relied heavily on observational data and subjective patient reports, which may introduce bias. Additionally, the absence of a comparison or control group limits the ability to attribute improvements solely to the SP 1–4 intervention. Future studies with larger sample sizes, longer intervention periods, and more rigorous methodological designs are recommended to strengthen the evidence regarding the effectiveness of SP-based interventions for low self-esteem.

CONCLUSION

The application of the Implementation Strategies (SP1–SP4) for patients with low self-esteem demonstrated meaningful improvements in self-confidence, social interaction skills, and independence in performing daily activities. These findings suggest that the structured SP1–SP4 intervention can serve as an effective nursing approach for enhancing self-esteem among individuals with mental health disorders.

Ethical consideration, competing interest and source of funding

- Throughout the implementation of this activity, the authors adhered to ethical principles, including obtaining informed consent, maintaining patient confidentiality, and ensuring that all data were used solely for scientific purposes.
- There is no conflict of interest related to this publication.
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