CHAPTER III

METHODS

3.1 Case Study Design

This case study employed an in-depth descriptive research design to explore the implementation of occupational beading therapy for a community-dwelling patient presenting with Chronic Low Self-Esteem (CLSE). A descriptive approach was utilized to delineate the systematic psychiatric nursing care process, spanning from bio-psychosocial assessment to terminal outcome evaluation. To achieve a comprehensive understanding of the patient's adaptive responses, this case study incorporated data triangulation from multiple information sources, including in-depth interviews, structured clinical observations, standardized psychometric assessments, and medical records from the local community health center (*Puskesmas*).

3.2 Setting and Timeline

This case study was conducted in Bandungrejo Village, located within the catchment area of the Bantur Regional Health Center (UPT Puskesmas Bantur), Bantur District, Malang Regency, East Java Province. Case management and therapeutic interventions were scheduled over a three-week period in May 2026, specifically from May 11 to May 30, 2026, with a home-visit frequency of one to two sessions per week.

3.3 Subjects

The primary subject of this case study was a single patient (single-case design) medically diagnosed with schizophrenia, exhibiting Chronic Low Self-Esteem (CLSE) as the primary nursing diagnosis, and residing within the community setting of Bandungrejo Village, within the working area of Bantur Primary Health Center. Subject selection was carried out using **purposive sampling**, a non-probability sampling technique in which the subject was deliberately selected based on specific predefined criteria relevant to the research objectives, rather than through random selection. The sampling criteria for this study were defined as follows:

A. Inclusion Criteria:
   1. Patients with a medical diagnosis of schizophrenia presenting with a primary nursing problem of chronic low self-esteem.
   2. Domiciled within the Bantur District and accessible for routine home visits.
   3. Exhibiting a stable psychiatric state, cooperative behavior, and intact verbal communication skills.
   4. Consenting to participate as a case study subject, substantiated by written informed consent from both the patient and their family.

B. Exclusion Criteria:
   1. Patients exhibiting agitation, psychomotor excitement, or experiencing an acute psychiatric crisis.
   2. Patients with fine motor deficits that impede the execution of stringing and beading activities.

3. Patients who declined participation after receiving a comprehensive explanation of the study.

3.4 Outcome Criteria

The clinical efficacy of the occupational beading therapy was evaluated using the Rosenberg Self-Esteem Scale (RSES). The primary outcome criterion was defined as a statistically meaningful increase in the post-test RSES scores at the final evaluation (week three) compared to the baseline pre-test scores obtained prior to the intervention (week one). This score elevation reflects the attainment of the therapeutic outcomes delineated in the Indonesian Nursing Outcome Standards (Standard Luaran Keperawatan Indonesia - SLKI) under the primary outcome "Increased Self-Esteem" (Code L.09069), evidenced by improvements in the following specific clinical indicators :

1. Increased positive self-appraisal: The patient demonstrates an enhanced self-view and a reduction in self-critical behavior or guilt.
2. Increased perception of personal strengths or positive abilities: The patient is capable of identifying, valuing, and articulating their remaining potential and adaptive skills.
3. Increased acceptance of positive self-feedback: The patient responds to verbal praise regarding their completed beadwork with an open and positive demeanor.
4. Increased interest in novel experiences: The patient demonstrates willingness and motivation to engage in the bead-crafting process using more complex patterns or diverse color combinations.

5. Improved adaptive non-verbal behavior: The patient demonstrates an upright posture while walking and sitting, and maintains adequate eye contact during communication (diminishing persistent downward gaze).
6. Decreased negative affect: A reduction in feelings of shame, helplessness, and self-deprecation regarding daily problem-solving abilities.
7. Increased functional independence: The patient is able to independently complete the bead-stringing sequence, including threading the beads onto elastic cords and securing the terminal knots.

3.5 Data Collection Methods

3.5.1 Interviews

Interviews were conducted via direct anamnesis with the patient and primary caregivers. The parameters evaluated encompassed patient demographics, chief complaints, history of present illness, past medical history, family psychiatric history, functional activity patterns, basic self-care needs, and psychosocial data including interpersonal relationships, family support systems, and the patient's immediate living environment.

3.5.2 Observation and Physical Examination

Direct clinical observations were performed during each home visit to monitor the signs and symptoms of chronic low self-esteem, focusing on facial expressions, eye contact, speech patterns, confidence levels, and active engagement in tasks. Physical examinations were supplemented by a comprehensive mental status examination (MSE) covering general

appearance, orientation, affect, thought processes, and communication capabilities.

3.5.3 Documentation Review

Documentary data were extracted from the patient's electronic medical records, psychiatric care logs from the Bantur Health Center, pre- and post-intervention RSES scores, and longitudinal progress notes formatted as SOAP (Subjective, Objective, Assessment, Plan) evaluations compiled during each therapeutic visit.s.

3.5.4 Data Collection Instruments

1. *Rosenberg Self-Esteem Scale* (RSES)

Patient self-esteem was quantified using the Rosenberg Self-Esteem Scale (RSES), originally developed by Morris Rosenberg (1965). The RSES is a 10-item instrument psychometrically designed to evaluate global self-worth, consisting of 5 positively phrased (favorable) and 5 negatively phrased (unfavorable) items. Each item is scored on a 4-point Likert scale: Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD).

Scoring Protocol:

- Favorable items (Items 1, 2, 4, 6, 7): SA=4, A=3, D=2, SD=1
- Unfavorable items (Items 3, 5, 8, 9, 10): SA=1, A=2, D=3, SD=4
- Cumulative scores range from 10 to 40.

Score Interpretation:

Score	**Category**
10–20	Low Self-Esteem

Score	Category
21–30	Moderate Self-Esteem
31–40	High Self-Esteem

The RSES was administered at two distinct timelines: baseline (pre-intervention) and post-intervention following the completion of the occupational beading therapy. The complete RSES instrument is provided in the Attachment.

2. Evaluation Sheet for Occupational Beading Therapy

The Occupational Beading Therapy Evaluation Sheet was utilized to quantify patient engagement during the beading sessions and to assess the attainment of session-specific therapeutic goals. This instrument was structured based on success indicators for occupational interventions in psychiatric cohorts presenting with self-esteem deficits.

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4. Observation Checklist for Chronic Low Self-Esteem

The Chronic Low Self-Esteem Observation Checklist was deployed to track the clinical manifestations, signs, and symptoms of CLSE manifested by the patient before, during, and after the intervention phase. The checklist criteria were directly mapped from the diagnostic

indicators of Chronic Low Self-Esteem specified in the Indonesian Nursing Diagnosis Standards (Standar Diagnosis Keperawatan Indonesia - SDKI).

3.6 Analysis Data

Data analysis was conducted using a qualitative descriptive approach anchored within the framework of the nursing process. Empirical data collected through interviews, behavioral observations, and documentation reviews were synthesized to validate the nursing diagnosis of chronic low self-esteem according to the SDKI taxonomy. Longitudinal variations in the patient's self-esteem levels were evaluated by comparing pre- and post-intervention RSES scores, which are presented in tabular formats and interpreted narratively. The patient's clinical progression per visit was systematically documented using the SOAP framework, while data trustworthiness was fortified via source triangulation across the patient, family caregivers, and health center documentation.