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Application Of Positive Affirmation Therapy To Overcome Situational Low Self-Esteem In Stroke Patients

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ABSTRACT

The number of non-communicable diseases in Ciamis Regency is very high, with 3,140 cases recorded, including 57 stroke cases, where hypertension is the dominant contributing factor. Stroke patients frequently experience dependency in daily activities, leading to feelings of worthlessness and situational low self-esteem. Stroke is a condition caused by blockage or rupture of blood vessels in the brain, with impacts not only on physical functioning but also on psychological well-being. Positive affirmation therapy is a nursing intervention that aims to help patients recognize their abilities, improve their mindset, and increase self-confidence, making it a potential strategy for the psychosocial recovery of stroke patients. This study aims to describe the application of positive affirmation therapy in addressing situational low self-esteem among stroke patients at the Sindangkasih Health Center, Ciamis Regency. A descriptive qualitative method with a case study approach was used, involving two stroke patients with moderate situational low self-esteem, measured using a 30-item signs and symptoms instrument across five behavioral domains. The intervention was carried out for five consecutive days. The results showed that prior to the intervention, both patients presented with 17 signs and symptoms of situational low self-esteem, which decreased to 4 following the application of positive affirmation therapy. This case study concludes that positive affirmation therapy was effective in reducing signs and symptoms of situational low self-esteem in stroke patients and can be considered an alternative nursing intervention in primary healthcare settings. Patients are encouraged to independently practice the therapy at least twice daily to sustain improvements in self-esteem.

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INTRODUCTION

Stroke is a non-communicable disease (NCD) that constitutes a global health crisis and ranks as the third leading cause of death worldwide, after cancer and heart disease. According to the World Stroke Organization [28], more than 101 million people worldwide suffered a stroke in the last 30 years (1992–2022). The majority of stroke cases (>67%) occurred in the productive age group, namely between 15 and 49 years old, with 56% of these cases being women and 44% being men. In Indonesia, the prevalence of stroke reaches 8.3%, with the highest rates in the provinces of Yogyakarta (11.4%), North Sulawesi (11.3%), and West Java (11.4%), or an estimated 131,846 people (Indonesian Health Survey, 2023, cited in [14]). In Ciamis Regency, many stroke cases are triggered by hypertension and unhealthy lifestyles [21].

Locally, Ciamis Regency recorded 3,140 NCD cases, including 57 strokes, with hypertension as the dominant contributing factor [21]. Data from the Ciamis Regency Health Office shows that hypertension patients reached 68,566 in 2020, with the highest number in the Sindangkasih Community Health Center (UPTD) area, at 10,564 [7]. This condition is exacerbated by high-risk lifestyles, such as low fruit and vegetable consumption, high cholesterol levels, and an unhealthy waistline.

The dual burden of physical disability and psychosocial distress following stroke creates a complex clinical challenge requiring comprehensive nursing care. Stroke survivors experience a rapid and often distressing transition from functional independence to partial or total dependency in basic activities of daily living — a shift that profoundly disrupts their self-concept, perceived social role, and sense of personal value. In Indonesian cultural contexts, where individual worth is closely tied to productive family roles — as breadwinner, caregiver, or active community member — this loss of functional capacity is particularly devastating to self-regard [11]. The psychological consequences are measurable and significant: epidemiological data indicate that psychosocial complications, including depression, anxiety, and low self-esteem, affect the majority of stroke survivors and constitute a major barrier to successful rehabilitation adherence and functional recovery [2]. In primary care settings such as community health centers (Puskesmas), where systematic psychosocial nursing care may be limited, these issues often go unaddressed, underscoring the need for accessible, evidence-based nursing interventions.

Stroke not only impacts the physical condition of sufferers but also significantly impairs their psychological well-being. Clinically, stroke can result in 90% of cognitive problems, 80% of partial or total motor function impairment, 70% of depression, and 30% of speech difficulties [27]. These physical limitations cause patients to become dependent on others for daily activities such as eating, bathing, and mobilizing, which in turn triggers negative self-evaluations, such as feelings of worthlessness, being a burden to others, and a loss of independence. This condition is a manifestation of situational low self-esteem.

Situational low self-esteem is defined as a negative self-evaluation that arises in response to a current situation [15]. Research by Rahmawati [20], cited in Andriani et al. [2], indicates that approximately 82.2% of stroke survivors experience low self-esteem due to low self-acceptance of limited mobility. If not promptly addressed, situational low self-esteem can develop into chronic low self-esteem, which is more difficult to overcome and can significantly impact the patient's overall quality of life.

The clinical progression from situational to chronic low self-esteem represents a critical transition point in the patient's psychosocial trajectory. Situational low self-esteem, by definition, is linked to a specific precipitating event and is therefore more responsive to targeted therapeutic intervention compared to its chronic counterpart, which involves deeply entrenched negative self-schema [19]. Nurses in primary healthcare settings are uniquely positioned to intervene early, given their frequent contact with patients during community follow-up care. Systematic psychosocial assessment using validated instruments for signs and symptoms of situational low self-esteem enables timely identification of at-risk patients and allows for intervention before the condition progresses to a more refractory state. A structured approach to early psychosocial nursing care has the potential to substantially alter the trajectory of psychological recovery and promote holistic rehabilitation outcomes [17].

One nursing intervention that can be implemented to address situational low self-esteem is positive affirmation therapy. Positive affirmations are self-referential statements that are deliberately and consistently repeated to transform negative thought patterns into positive ones, increase self-awareness, and foster adaptive self-esteem [25]. This therapy aligns with Implementation Strategy (SP) 1 in psychiatric nursing care, which involves discussing the patient's abilities and positive aspects. Positive affirmations have been shown to provide benefits in the form of increased self-confidence, social interaction skills, and a more positive self-perception [23]. Research by Agustin & Handayani [1] demonstrated that positive affirmation therapy is effective in reducing signs and symptoms of situational low self-esteem in patients with physical disorders, including stroke. Niman et al. [16], cited in Septyanti et al. [22], also reported an increase in patients' self-esteem scores, measured using the Rosenberg Self-Esteem Scale, following administration of this therapy.

The theoretical basis of positive affirmation therapy is grounded in cognitive-behavioral principles, which posit that self-referential thought patterns profoundly shape emotional experience and behavioral outcomes. When patients systematically rehearse positive self-statements, this practice challenges automatic negative thoughts — the cognitive distortions central to low self-esteem — and progressively reinforces adaptive self-schema. The concurrent use of controlled relaxation breathing techniques further enhances this mechanism by engaging the parasympathetic nervous system, attenuating physiological stress responses, and creating an internal environment more conducive to positive cognitive restructuring [25]. This multimodal approach makes positive affirmation therapy especially well-suited to primary care nursing contexts: it is non-invasive, requires no specialized equipment or facilities, can be administered by non-specialist nurses, and can be effectively taught for independent daily self-application to support long-term psychosocial self-management [1].

Given the high incidence of stroke in Ciamis Regency, particularly in the Sindangkasih Community Health Center (Puskesmas), and the significant psychological impact experienced by patients, including situational low self-esteem, structured and evidence-based nursing interventions are urgently needed. This case study aims to illustrate the

application of positive affirmation therapy to address situational low self-esteem in stroke patients, as an alternative psychosocial nursing intervention that can be implemented in primary healthcare settings.

RESEARCH METHODS

The design of this scientific paper uses a descriptive method with a qualitative approach in the form of a case study to determine the nursing care process for situational low self-esteem in stroke patients with the application of positive affirmation therapy. The subjects of this study were 2 stroke patients who experienced moderate situational low self-esteem, with inclusion criteria requiring patients to be cooperative, willing to undergo treatment for five consecutive days, and still able to communicate. This research was carried out in the working area of the Sindangkasih Health Center, Ciamis Regency in April 2025, specifically from April 14–18, 2025 for Patient 1 and April 15–19, 2025 for Patient 2, with a treatment period of 5 days for each patient.

The instruments used in data collection consisted of three components. First, a nursing assessment format was used during direct interviews with patients to explore information about the conditions experienced, including the patient's own perception of their situation. Second, physical examination tools including a thermometer, stethoscope, and sphygmomanometer were used to obtain objective data through inspection, palpation, percussion, and auscultation. Third, and most critically, a signs and symptoms instrument for situational low self-esteem was used as the primary measurement tool, developed based on the standardized diagnostic criteria established by PPNI [19] and current psychiatric nursing literature [24].

This instrument contains 30 observable items organized across five behavioral domains: (1) the cognitive domain (4 items), assessing negative self-evaluation patterns including feelings of worthlessness, self-rejection, negative self-appraisal, and the perception that interpersonal relationships are meaningless; (2) the affective/emotional domain (5 items), covering shame, guilt, sadness, anxiety, and helplessness; (3) the physiological domain (7 items), encompassing decreased energy and weakness, loss of appetite, weight loss, overeating, sleep disorders, stooped posture, and listless gait; (4) the behavioral domain (10 items), including crying, reduced eye contact, social withdrawal, decreased daily activity, slow speech with a weak voice, difficulty sleeping, decreased self-care, expressions of shame and guilt, self-destructive behavior, and destructive behavior toward others; and (5) the social domain (4 items), assessing withdrawal behavior, refusal to communicate with others, social isolation, and self-blame. Each item is scored dichotomously as present (1) or absent (0), yielding a total possible score of 30. The severity of situational low self-esteem is classified as follows: 0–5 (minimal), 6–10 (mild), 11–17 (moderate), 18–24 (severe), and 25–30 (very severe). Both patients in this study were classified in the moderate category at baseline, each presenting with 17 out of 30 signs and symptoms. Prior to the intervention, informed consent sheets were provided to both patients as an ethical requirement before data collection and treatment were initiated.

The data collection techniques used were interviews, observation and physical examination, and documentation. These five stages of the nursing process — namely assessment, diagnosis, intervention, implementation, and evaluation — were applied systematically throughout the study. The signs and symptoms instrument was administered at two critical points: before the intervention as a baseline measurement to confirm the diagnosis of moderate situational low self-esteem, and after each daily session of positive affirmation therapy to monitor changes in the patient's condition. The validity of the data was ensured through four criteria: credibility, dependability, confirmability, and transferability [4]. Data analysis was carried out by observing changes before (pre) and after (post) therapy, in which the number of signs and symptoms present in each patient was recorded daily over the five-day treatment period. The findings showed that both patients began with 17 signs and symptoms on the first day, which subsequently decreased to only 4 signs and symptoms by the fifth day, demonstrating the effectiveness of positive affirmation therapy in reducing situational low self-esteem in stroke patients.

RESULTS

The application of positive affirmation therapy, carried out over 5 consecutive days on two patients with situational low self-esteem, produced measurable changes in their psychosocial condition. The findings are presented below.

1. Nursing Process Overview

Table 1. Overview of patient characteristics

Data	Patient 1	Patient 2
Name	Mrs. Y	Mrs. I
Age	56 Years	54 Years
Gender	Woman	Woman
Address	Margasari Hamlet, Rt .02 / Rw. 04 , Wanasigra Village, Sindangasih District, Ciamis Regency	Brunggendis II Hamlet, Rt.10/Rw.03, Village. Sukaraja, Sindangasih District, Ciamis Regency
Work	IRT	IRT
Education	SD	SD
Status	Marry	Marry
Religion	Islam	Islam
Diagnosis	Stroke	Stroke
Length of illness	Mid-April	End of November
Pengobatan	Alternative and medical	Medical

Based on the assessment table above, there were notable differences in characteristics between Patient 1 and Patient 2, particularly in age, duration of illness, and treatment approach. Patient 1 is 56 years old and had been experiencing stroke for approximately 1 year, choosing a combination of alternative and medical treatment. Patient 2 is 54 years old and had been experiencing stroke for approximately 5 months, undergoing medical treatment only. Despite these differences, both patients presented with the same baseline number of signs and symptoms (17) and the same nursing diagnosis of moderate situational low self-esteem.

2. Overview of the Implementation Stage of Positive Affirmation Therapy Implementation

The implementation of positive affirmations is carried out according to the SOP made and the results are obtained:

Table 2. Positive Affirmation SOP – Assessment of Implementation

Aspects That Are Assessed	Yes	Not
1). Identify the positive things the patient has.	√	
2). Assess the positive aspects that the patient has.	√	
3). Take a comfortable position (sitting).	√	
4). Determine the affirmation sentence based on what the patient is currently feeling.	√	
5). The patient inhales through the nose with a count of 1, 2, 3.	√	
6). Exhale through the mouth slowly, feeling relaxed and releasing tension.	√	
7). Close the eyes when possible, then inhale 2–3 times.	√	
8). While breathing out, say the predetermined affirmation sentence.	√	
9). The patient repeats the positive affirmation sentence 3–5 times.	√	
10). The patient repeats positive affirmation sentences before and after doing daily activities.	√	

Based on Table 2, both patients applied positive affirmations with work stages in full accordance with the SOP given across all 10 procedural steps. Consistent adherence to the SOP was maintained throughout the five-day treatment period.

Figure 1. Standard operating procedure: positive affirmation therapy

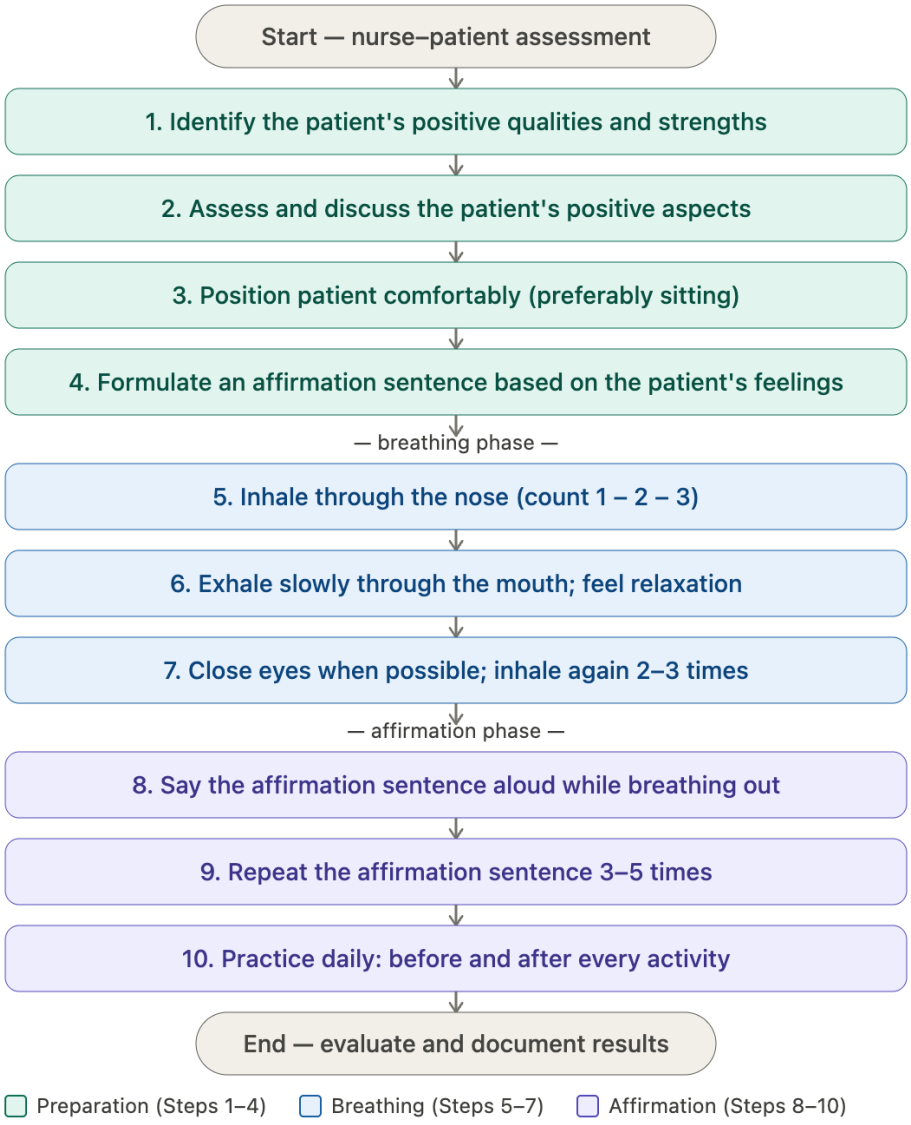

Figure 1 Illustration of the positive affirmation therapy session procedure — sequential steps with patient positioning and breathing technique

3. Description Of Responses Or Changes In Situational Low Self-Esteem Patients Who Are Positive Affirmation Actions.

The description of responses or changes in patients 1 and patient 2 was measured using the following indicators and symptoms of situational low self-esteem.

Table 3 Signs and symptoms instrument — daily monitoring results

No	Signs and Symptoms	Client 1					Client 2				
		Day					Day				
		1	2	3	4	5	1	2	3	4	5
	Cognitive										
1.	Thinking that he/she is useless / Rejection of abilities	√	√	√	√		√	√	√	√	

2.	Thinking that he/she is worthless	√	√	√	√		√	√	√	√	√
3.	Assessing himself/herself negatively	√	√				√	√	√		
4.	Feeling that relationships with others are meaningless						√	√			
	AFFECTIVE / EMOTIONAL										
5.	Embarrassed	√	√	√	√		√	√	√	√	√
6.	Having feelings of guilt	√	√				√	√			
7.	Feeling sad and upset	√	√	√	√	√	√	√	√	√	√
8.	Feeling anxious	√	√	√	√	√	√	√	√	√	√
9.	Feeling helpless	√	√	√			√	√	√		
	PHYSIOLOGICAL										
10.	Decreased energy, weak	√	√	√	√		√				
11.	No appetite	√					√	√	√	√	
12.	Weight loss	√	√	√	√	√	√	√	√		
13.	Overeating										
14.	Sleep disorders	√					√	√	√	√	
15.	Listless gait										
16.	Stooped posture										
	BEHAVIORAL										
17.	Crying	√	√	√	√	√	√	√	√		
18.	Reduced eye contact										
19.	A lot of silence	√	√								
20.	Decreased daily activity	√	√				√				
21.	Slow speech with a weak tone of voice										
22.	Difficulty sleeping	√	√				√	√			
23.	Lack of attention to self-care										
24.	Facial expressions of shame and guilt										
25.	Self-destructive behavior										
26.	Destructive behavior toward others										
	SOCIAL										
27.	Withdrawal										
28	Not wanting to talk to others	√					√				
29.	Social isolation										
30.	Self-blame										

Based on Table 3, before being given positive affirmation therapy, both Patient 1 and Patient 2 had 17 signs and symptoms of situational low self-esteem. After the application of positive affirmation therapy over five consecutive days, there was a consistent daily decrease in both patients, with a final score of 4 signs and symptoms remaining by Day 5. This represents a reduction of 13 signs and symptoms (76.5%) for each patient. The most persistent symptoms — feeling sad and upset, feeling anxious, weight loss, and crying — were those that remained at Day 5, reflecting the time required for physiological and deeply affective symptoms to resolve.

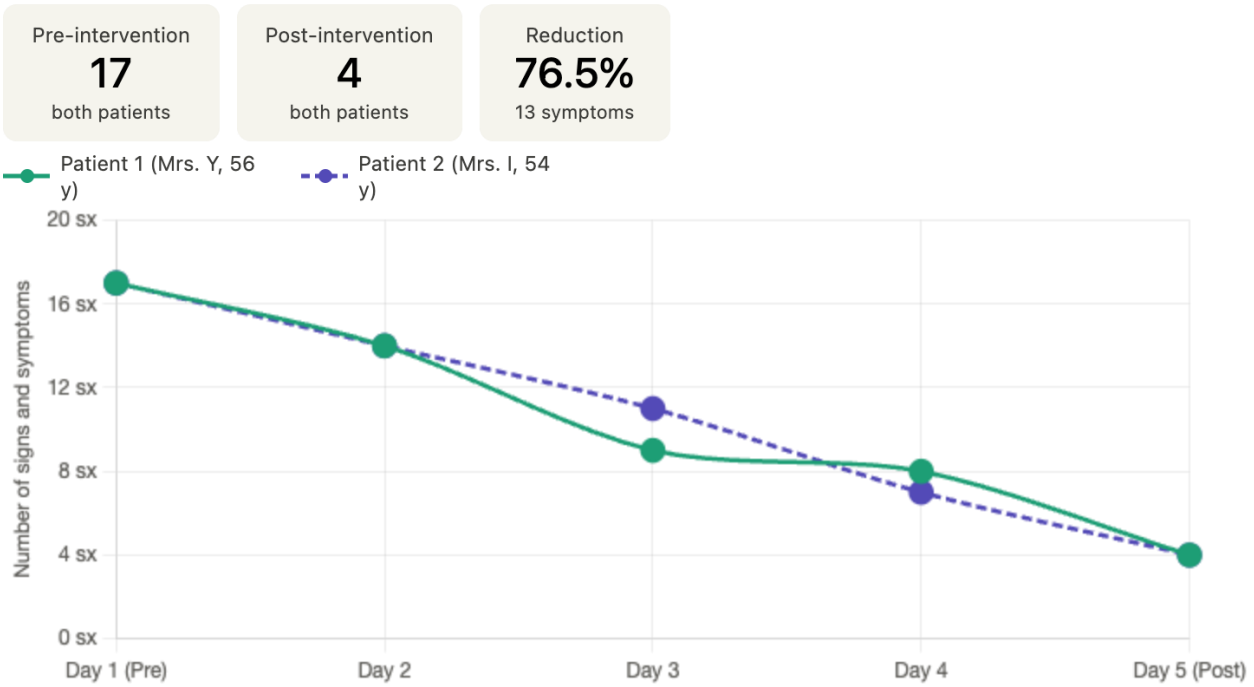

Figure 2 Line graph showing the daily reduction in total signs and symptoms of situational low self-esteem for Patient 1 and Patient 2 across 5 days of intervention (Day 1 to Day 5)

DISCUSSION

1. Overview of the nursing process

The nursing process begins from the assessment stage, which serves as the basis for nursing decision-making by collecting, validating, and documenting patient data accurately [5]. The results of the study showed that there were differences in characteristics between the two patients, particularly in age and duration of illness. According to Fadlulah, as cited in Luthifah [11], age is a factor that affects the self-concept of stroke patients, along with physical disability and duration of recovery. The longer a patient has been experiencing stroke-related limitations, the greater the likelihood of developing persistent negative feelings and diminished self-esteem, consistent with the principles of situational low self-esteem outlined in the SDKI criteria [19].

In addition, different predisposing and precipitating factors between patients also influence self-esteem. Manao et al. [12] explain that life experiences such as lack of affection or excessive demands, as well as traumatic experiences including accidents or painful medical procedures, can lower self-esteem. Differences were also found in the coping mechanisms of each patient, which according to Pabebang et al. [18], are influenced by social, economic, and adaptive responses to stress. However, both patients share the same gender — female — a characteristic that is associated with greater susceptibility to emotional distress during illness [3].

Based on these results, the nursing diagnosis formulated was situational low self-esteem. This diagnosis reflects the patient's negative response to the current clinical condition and is characterized by feelings of shame, worthlessness, and withdrawal behavior [19]. The intervention was therefore focused on the application of positive affirmation therapy as part of the nursing care plan. This therapy aims to improve self-esteem by helping patients recognize and reaffirm positive values in themselves. Suharli et al. [23] stated that positive affirmations can encourage patients to love themselves, build confidence, and cultivate a positive view of their social environment.

The implementation was carried out for five days, from April 14–18, 2025 for Patient 1 and April 15–19, 2025 for Patient 2. Each session began with environmental preparation and therapeutic communication to establish a relationship of mutual trust, followed by the implementation of the situational low self-esteem strategy (SP 1–SP 4). In each session, positive affirmations relevant to the patient's condition were introduced and practiced. Evaluation was conducted by comparing the psychological condition of the patient before and after therapy through direct observation and interview, using the 30-item instrument.

The results of the evaluation showed a significant decrease in signs and symptoms of situational low self-esteem following the implementation of therapy. Both patients demonstrated a more open attitude, increased confidence, and an improved ability to accept their current condition. These findings support the conclusion that positive affirmations are effective in addressing situational low self-esteem by providing positive suggestions that motivate patients to reframe their self-concept. These findings are consistent with the work of Agustin & Handayani [1], which demonstrated that positive affirmation therapy is effective in improving self-concept and reducing symptoms of situational low self-esteem in patients with physical disorders such as stroke.

2. An overview of the stage of implementation of positive affirmation therapy implementation actions.

The implementation of positive affirmation therapy was carried out based on the stages of the SOP in nursing care. The initial stage involved fostering a relationship of mutual trust (BHSP) between researchers and patients to create a safe and comfortable atmosphere. As explained by Fatima & Widianti [6], BHSP is the foundational step in therapeutic communication that directly supports the success of subsequent nursing interventions. The environment was also prepared to be calm and distraction-free, and the patient was positioned as comfortably as possible.

Subsequently, the patient was invited to recognize and reflect on the positive aspects of themselves, then to formulate an affirmation sentence appropriate to their emotional condition at that time. The procedure was followed by relaxation breathing techniques combined with the vocal delivery of the affirmation sentence in a calm state. Patients were encouraged to repeat the affirmation regularly, particularly before and after performing daily activities. At the termination stage, the researcher evaluated each session by asking the patient how they felt before and after therapy.

On the first day, the researcher carried out Implementation Strategy (SP) 1 for situational low self-esteem, which involved examining the positive aspects of the patient. Patient 1 stated that during her illness she could still pray and perform dhikr. After being given the positive affirmation, the patient felt happy and motivated to recover. Patient 2 stated that she could still perform light activities such as washing dishes and cooking, and after therapy, she also felt more enthusiastic about the recovery process.

From the second to fifth days, the researcher continued with SP 2 through SP 4, which included evaluation of the previous session, training in selected positive activities, and integration of positive affirmations into each activity. Evaluation on the fifth day showed that Patient 1 demonstrated substantial progress, supported actively by her family. She began to engage in social activities such as speaking with neighbors. Patient 2 continued to show enthusiasm despite minimal family support and also began to interact more freely with the surrounding environment.

The consistent improvement shown across both cases is supported by Nurhidayat [17], who reported that consistency and patient confidence in delivering positive affirmations are the key factors underlying the effectiveness of this therapy. Both patients maintained good adherence and followed therapy steadily until the fifth day. The progress shown is also closely related to the individual coping mechanism of each patient. This is consistent with Pabebang et al. [18], who state that coping mechanisms serve as a form of self-defense against internal and external stressors and play an important role in adaptation and problem-solving.

3. An overview of responses or changes in patients with low situational self-esteem who carried out positive affirmation actions.

Changes in patients' responses to positive affirmation therapy were assessed through the daily reduction in signs and symptoms of situational low self-esteem, measured using the 30-item instrument. Patient 1 experienced a significant decrease from 17 symptoms on Day 1 to only 4 symptoms on Day 5. Patient 2 showed similar results, also declining from 17 to 4 symptoms within the five-day therapy period.

Family support played an important role in the success of therapy for Patient 1. In line with Hasannah, cited in Handayani et al. [8], the family constitutes the primary support system in patient care. This support, whether in the form of motivation, guidance, or emotional presence, can help patients feel valued and needed, thereby accelerating recovery. Patient 1's active family involvement created a reinforcing environment that complemented the therapeutic sessions.

Conversely, Patient 2, who underwent therapy without active family support, still demonstrated positive results. This highlights the importance of internal self-regulation. Marsela & Supriatna [13], citing Averill, state that self-control is the ability of individuals to regulate behavior and choose actions consistent with their beliefs, so that they can independently foster positive attitudes and behavioral outcomes.

Furthermore, research by Jessop et al., cited in Jannah et al. [9], indicates that patients who received positive affirmative interventions showed improved positive attitudes and better self-perception compared to those who did not receive interventions. On the fifth day, both patients reported an increase in motivation and positive energy that supported the recovery process. Handayani et al. [8] further note that patients with consistently positive expectations demonstrate significantly better outcomes, with notably lower rates of psychological deterioration. These findings collectively underscore the value of positive affirmation therapy as a cost-effective, accessible, and evidence-based psychosocial intervention for stroke patients in primary care settings.

Thus, positive affirmation therapy has been demonstrated to be effective in reducing signs and symptoms of situational low self-esteem and improving the overall morale of stroke patients. This finding is in line with Agustin & Handayani [1], who affirmed that positive affirmation therapy has a direct effect on increasing self-esteem and decreasing signs and symptoms of situational low self-esteem in patients experiencing physical health challenges such as stroke.

CONCLUSION & RECOMMENDATIONS

This study demonstrated that the application of positive affirmation therapy for five consecutive days effectively reduced signs and symptoms of situational low self-esteem in two stroke patients, from 17 to 4 symptoms each — a reduction of 76.5%. Both patients were able to perform the therapy independently after instruction, with evaluation results showing an increase in self-esteem and improved emotional well-being. Differences in patient characteristics, including age, duration of illness, treatment approach, and level of family support, did not prevent successful outcomes, indicating the robustness and adaptability of the intervention across diverse patient profiles. Periodic evaluation using the 30-item signs and symptoms instrument is essential to ensure the ongoing effectiveness of therapy and to guide adjustments to the care plan as needed.

For future researchers, this study may serve as a foundation for further investigation of positive affirmation therapy in broader stroke populations, including randomized controlled designs and quantitative outcome measures. For patients and families, positive affirmation therapy is recommended to be practiced at least twice daily, with active family involvement to maximize therapeutic benefit. Educational institutions are encouraged to incorporate the findings of this study into the curriculum for psychiatric and community health nursing. Health services, particularly community health centers, are expected to adopt positive affirmation therapy as a structured, non-pharmacological alternative in psychiatric nursing care for situational low self-esteem disorders

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