



**Implementation Of Fulfillment Of Personal Hygiene Needs In Elderly Dementia In Social Institutions Tresna Werdha Budhi Mulia 01 Cipayung East Jakarta**

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Elderly or elderly is a term commonly used for someone who is starting to enter the final stage of development. According to the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 5 of 2018, elderly is when they are over 60 years old (Ministry of Health of the Republic of Indonesia, 2016). General Objectives Able to carry out direct and comprehensive gerontic implementation covering biopsychosocial aspects with a nursing process approach to patients with dementia at the Budhi Mulia 01 Cipayung East Jakarta Social Welfare Home. This case study uses a descriptive case study design. A descriptive case study is an attempt to systematically and accurately describe a situation or a certain population area that is factual. In this case study, the author will systematically describe the nursing care of puzzle therapy for elderly with dementia and the fulfillment of personal hygiene needs for the elderly at the Tresna Werdha Budhi Mulia 01 Social Home in Cipayung, East Jakarta. The research subjects in this case study were 30 elderly people with dementia who provided personal hygiene needs and lived at the Budhi Mulia 01 Cipayung Social Home for the Elderly, East Jakarta. The assessment was conducted on Monday, July 25, 2024 Panti Tresna Werdha Budhi Mulia 01 Cipayung East Jakarta (PSTW) data was obtained by interviewing patients, friends of patients in the same guesthouse, PSTW clinic nurses, and from medical records. The results of the assessment were obtained Mrs. R, 85 years old, female, Muslim, widow status, last education elementary school, from RT 005 / RW 010 Kalisari, Pasar Rebo District, East Jakarta. The person in charge of Mrs. R who lives at RT 004 / RW 010 Kalisari, Pasar Rebo District, East Jakarta, who is the biological child of the patient. Conclusion: The implementation of nursing care that has been carried out has been effective and has been carried out according to the established plan, namely puzzle therapy.

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## **INTRODUCTION**

Elderly is a term used for individuals aged over 60 years according to the Ministry of Health of the Republic of Indonesia. According to the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 5 of 2018, elderly is when they are over 60 years old (Ministry of Health of the Republic of Indonesia, 2016). Elderly is identical to the aging process. Aging is a process of slowly disappearing the ability of tissue to repair itself or replace and maintain its normal function so that it cannot withstand infection and repair the damage received. The aging process is a continuous (continuous) process naturally, starting from birth and is generally experienced by all living things (Nugroho, 2018). According to WHO, in 2015 there were 900 million elderly people worldwide (WHO 2018). Based on WHO projections for 2025, the number of elderly people (aged 60 years and above) worldwide is estimated to reach 1.2 billion people. WHO also estimates that 75% of the world's elderly population in 2025 will be in developing countries. The number of elderly people in 11 WHO member countries in the Southeast Asia region is 142 million people and is expected to continue to increase up to 3 times in 2050 (Novia, 2016). Based on data from the National Socio-Economic Survey (Susenas), it was reported that there were 29.3 million elderly people (elderly) in Indonesia in 2021. This figure is equivalent to 10.82% of the total population of Indonesia (Central Statistics Agency, 2021).

The aging process that occurs in the elderly can be linearly described through three stages, namely weakness (impairment), functional limitations (functional limitations), disability and handicap which will be experienced along with the process of decline, both physical, mental and social. One of the body systems that experiences decline is the cognitive or intellectual system which is often called dementia (Muharyani, 2020).

Dementia is a general term used to describe global cognitive impairment that is usually progressive and affects daily life activities

(Stanley, 2017). Dementia is not a disease, but is a term used to describe a collection of symptoms or syndromes of cognitive impairment that are usually chronic or progressive. Therefore, dementia is one of the main causes of dependence of the elderly on their families or caregivers (WHO, 2018). The increase in the incidence and prevalence of dementia cases is multifactorial, including several risk factors, such as increasing age (over 65 years), genetics/heredity, head trauma, lack of education, environment (aluminum poisoning), certain diseases (systolic hypertension, Down syndrome, stroke and others), and immune disorders (Nugroho, 2018). The prevalence of dementia doubles every 5 years of a person's age.

Based on data from the World Alzheimer Report (2019) in 2017 worldwide increased rapidly and is currently estimated to be approaching 46.8 or 50 million people diagnosed with dementia, and 20.9 million in Asia Pacific (Alzheimer's Disease International, 2017). Every year there are 7.7 million new cases. Data from the World Alzheimer Report (2019), in Indonesia it is estimated that there were around 1.2 million people with dementia in 2017 which

## **RESEARCH METHODS**

This case study uses a descriptive case study design. A descriptive case study is an attempt to systematically and accurately describe a situation or a certain population area that is factual. In this case study, the author will systematically describe the nursing care of puzzle therapy for elderly with dementia and the fulfillment of personal hygiene needs for the elderly at the Tresna Werdha Budhi Mulia 01 Social Home in Cipayung, East Jakarta. The research subjects in this case study were 30 elderly people with dementia who provided personal hygiene needs and lived at the Budhi Mulia 01 Cipayung Social Home for the Elderly, East Jakarta. So that the bartel index value obtained in Mrs. R is the total value: 110, interpretation of the value 65-125 (partially assisted).

## **RESULTS AND DISCUSSION**

### **Bartel Index**

In the assessment, it was found that the patient could eat and drink independently, could move from chair to bed, walk on flat ground, go up and down stairs, could urinate and defecate independently, but the patient showed decreased motivation or interest in personal hygiene activities, rarely changed clothes, often forgot to take a shower.

### **SPMSQ (Short Portable Mental Questionnaire)**

The number of patients who have undergone assessment and evaluation is 3 elderly people. The patient forgot today's date, forgot where he was, his home address, age, but knew his year of birth, his mother's name, and could subtract 3 numbers from subtraction 3. So it was obtained for SPMSQ is wrong 7, error interpretation: 5-7 (moderate intellectual impairment)

### **MMSE (Mini Mental Status Exam)**

The patient cannot namely 3 elderly people mention the year correctly, season, date, day, and month incorrectly. The patient can repeat words spoken by the researcher, mention numbers correctly, repeat objects that have been mentioned by the researcher, and can answer objects pointed by the researcher. The correct MMSE was 22 (moderate cognitive impairment)

### **PSQI (Pittsburgh Sleep Quality Index)**

The patient said namely 3 elderly people he went to bed at 20.00 WIB, needed 30 minutes to start sleeping, and said he woke up every time the dawn call to prayer approached. The patient said he slept soundly and never took sleeping pills.

## **DISCUSSION**

In this chapter the author will discuss about "Implementation of Fulfillment of Personal Hygiene Needs in Dementia Patients at Panti Tresna Werdha Budhi Mulia 01 Cipayung East Jakarta" in addition in this chapter the author will also discuss the supporting factors and gaps that occur between theory and reality which include assessment, nursing diagnosis, planning, implementation and evaluation. The principle in this discussion focuses on basic human needs in primary nursing care, the reason is because it is the most actual and must be handled first.

### **Assessment**

Assessment is the basic idea of the nursing process that aims to collect information or data about patients, in order to identify, recognize problems, health and nursing needs of patients both physically, mentally, socially and environmentally (Dermawan, 2017).

The author conducted an assessment on July 25, 2024 which was the first day of the assessment on Mrs. R. The patient entered the nursing home in 2019 and lived in Wisma Kenanga. At the assessment stage, the author collected data using direct observation methods, interviews with patients, the clinic management department, medical records and nursing records so that the author grouped them into subjective and objective data. In the case review, data was obtained from Mrs. R that she was 85 years old, which is very easy for dementia to occur. the increase in the incidence and prevalence of dementia cases is influenced by risk factors including age, genetics/heredity, environment.

In nursing history there is no difference between theoretical review and case review, the main complaint often found in patients with this disease is that patients complain of forgetfulness (Ode, 2018).

In the first assessment stage, important data that must be found in clients with dementia is the main complaint. Typical symptoms found in

dementia sufferers are memory and cognitive decline. In the assessment, data was obtained that the general condition of the patient was *compos mentis*, the patient complained of forgetting many things, especially regarding self-care. (Widiarti, 2017)

In the assessment there was no difference between theoretical review and case review, the assessment found in the data above was in accordance with the assessment in the theory. (Perry, 2018).

In the assessment there was no difference between theoretical review and case review, the assessment found that the patient showed a decrease in patient reaction time, decreased activity, decreased memory and cognitive. Limited memory appeared.

### **Diagnosis**

Nursing diagnosis is an important stage in providing nursing care by a nurse. In the nursing process, it is the second stage carried out by nurses after assessing the patient (Gustinerz, 2021). There are several common diagnoses found in dementia cases, namely: memory disorders related to the aging process and self-care deficits related to psychological disorders (Ode, 2018) The first diagnosis of memory disorders was raised because the author found complaints from the patient, namely because the patient complained that now it is very easy to forget and even forget about activities that should be done often. The second diagnosis raised by the author is a self-care deficit related to psychological disorders, because the patient complained that he often forgot whether he had taken a shower or not, even if he took a shower he often forgot whether he had used soap or not.

The author's reason for raising both diagnoses of memory impairment and self-care deficit is the right complaint experienced by patients and is one of the main factors found in the elderly. The benefits of overcoming dementia are also closely related to improving personal hygiene in the elderly. First, overcoming dementia can increase self-care activities in the elderly. Second, meeting self-care needs can help relax the elderly. Without proper care, it

can cause bad consequences that can occur, namely it can have an impact on personal hygiene disorders in the elderly.

### **Nursing Planning**

Nursing planning is a process in problem solving which is the beginning of what will be done, how to do it, when to do it, who will do it from all nursing actions (Dermawan, 2017). In the case of Mrs. R, the author carried out a nursing action plan. The author planned an action regarding memory disorders. The first diagnostic action plan to reduce dementia problems caused by aging conditions. In accordance with the theory, the author plans to provide non-pharmacological actions with puzzle therapy. Teaching puzzle therapy in the first diagnosis of memory disorders is related to aging conditions, which aims to reduce dementia which allows patients to be active properly. The second diagnostic action plan regarding self-care deficits is related to psychological disorders with a non-pharmacological action plan by educating about personal hygiene, especially bathing. Educational action is an action regarding explaining the sequence of bathing which aims to make the patient's body more relaxed and increase comfort. From the two diagnoses based on expectations in the intervention theory, it was achieved that dementia in patients decreased and self-care deficits increased.

### **Implementation**

Nursing implementation is an activity carried out by a nurse in helping patients from health status problems experienced to a better status so as to describe the expected outcome criteria (Potter, 2018). Implementation also pours the nursing care plan into actions according to the needs and priorities of the patient, the nurse carries out specific interventions, the purpose of implementation is to help patients achieve health improvements both independently and in collaboration and referral (Potter, 2017). Implementation in Mrs. R was carried out according to each diagnosis that had been

planned in the nursing action, in carrying out nursing actions, the author did not experience any difficulties because the patient was very cooperative. On July 25, 2024 the author carried out nursing actions, the first was to assess the general condition, vital signs covering all of these diagnoses, an explanation of the non-pharmacological actions that would be applied puzzle therapy. In puzzle therapy, patients are more effectively treated at 08.00 WIB while sunbathing in the morning. The first diagnosis of memory disorders, assessing the patient's level of willingness to control memory, helping patients create a safe and comfortable environment and implementing non-pharmacological therapy puzzle therapy which aims to control memory and a comfortable environment for patients. The duration of the exercise is around 20-30 minutes. Can be done every day. In addition to being useful for improving memory, puzzle therapy is useful for training concentration, so that memory becomes better (widianti, 2016).

### **Evaluation**

Evaluation is the final stage of the nursing process which is a systematic and planned comparison between the observed final results and the objectives or outcome criteria made at the planning stage (Asmadi, 2018). The results of the evaluation which began on July 25, 2024 on the first diagnosis, namely memory disorders in Mrs. R, so implementing puzzle therapy aims to train memory and concentration (Faeiqah, Rizqa Fadhilatul, 2020) so that the results are: improved memory, can be active and do activities well, the level of memory disorders is quite low. Mrs. R said that puzzle therapy is very helpful in training memory. The results of this evaluation are in accordance with the expected outcome criteria for the diagnosis of memory disorders related to the aging process, Mrs. R said that she had felt that she had lifted many things and the patient felt relaxed. The results of the second diagnosis are about self-care deficits, with a comfortable environment and the application of non-pharmacological therapy using education. Mrs. R said that education is

very helpful in improving self-care so that it always lifts the order of bathing and nothing is left behind. So that the results of this evaluation are also in accordance with the expected outcome criteria for the diagnosis of self-care deficits related to psychological disorders.

### **Limitations of Case Study**

The research subjects in this case study are elderly people with dementia with the fulfillment of personal hygiene needs who live in the Tresna Werdha Budhi Mulia 01 Cipayung Social Home in 2025. The number of research subjects planned is 3 elderly people with one case of dementia nursing problems. In this study, there are several weaknesses that are limitations of this study. Some limitations in the study are, Patients at the Budhi Mulia 01 Cipayung East Jakarta Nursing Home who were diagnosed with dementia were 3 people because the elderly who went to the clinic were few and many elderly people with dementia did not go to the clinic so they were not registered at the nursing home clinic, Furthermore, because the patients studied had cognitive limitations, interventions had to be carried out repeatedly. Theoretically, there are many problems that need to be studied in the problem of dementia, but due to limited time and energy, the researcher only studied several variables related to dementia, namely the symptoms and causes of dementia and the application of the therapy given. Then based on the methodological aspect of the research subject, the researcher only took a sample of 1 respondent so that it was less actual to be used as a reference that the care for fulfilling personal hygiene needs provided could improve self-care. In the research procedure, the place where nursing care takes place should be free from noise so that respondents can focus on receiving nursing care, especially in fulfilling the memory given. However, during the procedure in the field, researchers were confused about controlling noise, visitors, and light that hindered respondents' concentration.

## **CONCLUSION**

Nursing evaluation in patients with dementia with the fulfillment of persona hygiene diagnosis that appears 2 with a target assessment is quite decreasing and increasing. In the diagnosis of memory disorders with a target assessment is quite decreasing and in the diagnosis of self-care deficit with an assessment target increasing with a follow-up plan, patients can overcome nursing problems independently and PSTW nurses can evaluate the activities carried out by patients. The evaluation has been documented in the form of progress notes, the conclusion of the nursing evaluation is that the results of nursing care that have been implemented can be evaluated and the nursing care that has been carried out can be documented.

## **Assessment**

Assessment obtained from the patient subjective and objective data. From subjective data, the patient said that he easily forgets and is unable to remember certain behaviors that have been done so that the patient often forgets to shower and change clothes. For objective data, the patient appears unable to perform previously learned abilities and the patient appears to have a smelly body, clothes look shabby, nails are long and dirty. For the general condition of the patient is good, consciousness is compos mentis and clinical history data is also obtained at Mrs. R's clinic at PSTW.

## **Nursing Diagnosis**

The nursing diagnosis that appears in patients with Dementia is correct according to SDKI, SLKI and SIKI, several diagnoses in the theory review and diagnoses in the case review are the same, namely, the nursing diagnosis raised by the author is memory disorders related to the aging process and self-care deficits related to psychological disorders.

## **Nursing Planning**

Nursing planning in this case has been made in accordance with the nursing plan based on SDKI, SLKI and SIKI. Nursing planning for patients has been arranged according to the diagnoses that appear in patients. The first diagnosis of memory disorders related to the aging process with the aim of the desired outcome criteria, namely after nursing actions are carried out, it is hoped that the memory disorders felt by Mrs. R have begun to be resolved and can continue the puzzle therapy that has been taught. The second diagnosis of self-care deficits is related to psychological disorders in Mrs. R, with the desired outcome criteria that are expected to be achieved, Mrs. R will feel more relaxed in her daily life.

## **Nursing Implementation**

The implementation of nursing that has been carried out has been effective and has been carried out according to the established plan, namely puzzle therapy. This can be said to be effective because puzzles can train concentration and in accordance with the expectations of the outcome criteria in the theory decreases, while the deficit of self-care according to expectations also increases. This is due to the cooperation between nurses and patients. The actions taken for each diagnosis have been carried out properly. In addition, the limitations in the implementation of the implementation are not being able to collaborate with other health workers such as a psychiatrist, physical therapist (physiotherapist), and other medical support at PSTW because the health workers are not available at PSTW. The conclusion of the implementation of nursing is that nursing actions can be carried out according to the plan that has been made.

## **Nursing Evaluation**

Nursing evaluation in patients with dementia with the fulfillment of persona hygiene diagnoses that appear 2 with a fairly decreasing and increasing assessment target.

In the diagnosis of memory disorders with a fairly decreasing assessment target and in the diagnosis of self-care deficit with an increasing assessment target with a follow-up plan, patients can overcome nursing problems independently and PSTW nurses can evaluate the activities carried out by patients. The evaluation has been documented in the form of progress notes, the conclusion of the nursing evaluation is that the results of nursing care that have been implemented can be evaluated and the nursing care that has been carried out can be documented.

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