



Application of Positive Affirmation Therapy to Improve The Quality of Life in Patients with Low Self-Esteem at dr. RM Soedjarwadi Mental Hospital Klaten

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Article History

Submitted: 14-06-2025

Revised: 24-07-2025

Accepted: 01-08-2025

 doi.org/10.58545/jkki.v5i2.512

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Abstract

Background: Low self-esteem is a psychological problem commonly experienced by patients with mental disorders, particularly schizophrenia, which can negatively impact their quality of life. Positive affirmation therapy is one effective non-pharmacological intervention to enhance both quality of life and self-esteem. This therapy works by embedding positive thoughts through repeated self-statements to shape a better self-perception, boost self-confidence, and reduce negative thinking patterns. **Objective:** This study aims to determine the effectiveness of positive affirmation therapy in improving the quality of life of patients with low self-esteem at the Flamboyan Ward of dr. RM Soedjarwadi Mental Hospital Klaten. **Method:** This research employed a descriptive case study approach involving two patients diagnosed with low self-esteem. The positive affirmation therapy was administered twice daily for three consecutive days. The patients' quality of life was assessed before and after the intervention using the WHOQOL-BREF instrument. **Results:** The results showed increased quality of life in both patients. Patient B improved from a WHOQOL score of 50 (moderate) to 75 (good), while patient A improved from 50 (moderate) to 100 (excellent) after receiving the positive affirmation therapy. **Conclusion:** Positive affirmation therapy has proven to be an effective, safe, and simple non-pharmacological method for improving the quality of life in patients with low self-esteem. This intervention can be a supportive therapy in mental health nursing, especially in strengthening patients' self-concept.

Keywords: Positive Affirmation Therapy, Quality of Life, Self-Esteem

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How to cite:

Anggraini, I., Gati, N. W., & Reknoningsih, W. (2025). Application of Positive Affirmation Therapy to Improve The Quality of Life in Patients with Low Self-Esteem at dr. RM Soedjarwadi Mental Hospital Klaten. *Jurnal Kesehatan Komunitas Indonesia*, 5(2), 156-170. <https://doi.org/10.58545/jkki.v5i2.512>

1. BACKGROUND

Mental health is a state of well-being in which individuals can realize their potential, cope with life's stresses, work

productively, and contribute to their community. Individuals who frequently experience emotional pressure, distress, and impaired function (dysfunction) are at

a significant risk of developing mental disorders, commonly referred to as "Orang dengan Gangguan Jiwa" (ODGJ) or people with mental disorders (Rahayu & Daulima, 2020).

Schizophrenia is a psychiatric disorder characterized by disorganized patterns of thinking, manifested through communication problems. Symptoms of schizophrenia include positive and negative symptoms. Positive symptoms encompass delusions and hallucinations, while negative symptoms include apathy, flat affect, loss of interest or inability to carry out routine activities, poverty of speech content, and difficulties in social relationships, often found in patients with low self-esteem (Rahayu & Daulima, 2020). Mental health phenomena in Indonesia represent a significant issue affecting productivity, human happiness, and the quality of individual and public health that cannot be addressed by one sector alone but requires multi-sectoral collaboration.

Mental health remains one of the most significant health issues globally, including in Indonesia. According to WHO (World Health Organization) data from 2019, there were 264 million people worldwide suffering from depression, 45 million with bipolar disorder, 50 million

experiencing dementia, and 20 million living with schizophrenia. Schizophrenia accounts for 70% of all mental disorders. Inpatient patients in psychiatric hospitals diagnosed with schizophrenia occupy 90% of beds across Indonesia (Wayan et al., 2020). The number of individuals with mental disorders in Central Java Province continues to rise annually. Central Java ranks fifth among Indonesia's 33 provinces in terms of the total number of mental disorder cases, accounting for 9% of the national total (Wijaya & Rahayu, 2019). A regional report from Central Java in May 2020 showed that among 35 regions, 25% people suffered from mild mental disorders. Approximately 12,000 individuals suffer from severe mental disorders, equivalent to an average of 1.7 per thousand population (Wayan et al., 2020). The number of patients with schizophrenia at dr. RM Soedjarwadi Mental Hospital Klaten reached 4,305. In Indonesia, due to various biological, psychological, and social factors combined with a diverse population, the number of mental disorder cases continues to increase, resulting in increased national burden and long-term declines in human productivity (Ministry of Health RI, 2019).

Schizophrenia is a severe mental disorder commonly found in society. It

results from significant brain damage. Patients with schizophrenia experience sensory perception disturbances and negative feelings toward themselves and others (Wijaya, 2020). Prolonged negative feelings toward oneself can lead to low self-esteem (Low Self-Esteem / LSE). LSE involves feeling worthless, incompetent, unsatisfied, undeserving of appreciation from others, and lacking self-confidence. Patients with poor self-concept have a lower quality of life and higher levels of stigma compared to those with other chronic diseases. Research conducted by Rai et al. (2022) showed that chronic schizophrenia is associated with poor quality of life and negative self-concept when high stigma exists. According to Wardani and Dewi (2019), stigma is considered a harmful moderator in the association between mental illness and patients with psychotic disorders.

Patients with low self-esteem are at risk of developing additional mental health problems if not treated properly, as these individuals tend to isolate themselves, leading to other issues such as social isolation, hallucinations, and violent behavior risks. Whispering voices may incite destructive actions against the environment and harm others. Self-concept is related to Quality of Life (QOL) because

how individuals perceive themselves affects their physical, mental, social, and emotional well-being. A positive self-concept enhances confidence, health, social relationships, life satisfaction, and motivation, contributing to better QOL. Conversely, a negative self-concept can cause stress, social isolation, and decreased well-being, negatively impacting life quality (Wijayati et al., 2020).

Poor quality of life is often associated with feelings of oppression, lack of control over emerging symptoms, and overall life dissatisfaction. On the contrary, good quality of life is marked by well-being, self-control and autonomy, positive self-perception, a sense of belonging, participation in enjoyable and meaningful activities, and a positive outlook on the future. Assessments of quality of life related to mental disorders focus on symptoms, decline, and disablement caused by long-term suffering and disabling conditions like schizophrenia (Sulistyowati et al., 2020).

According to research by Noviana et al. (2021), one general therapy approach in nursing care for patients with chronic low self-esteem is positive affirmation therapy. Affirmation is a technique where individuals repeat certain statements to themselves, aloud or internally. These

affirmations can embed into the subconscious and influence reactions, behaviors, habits, and actions in response to repeated words (Zebua et al., 2022). Positive affirmation therapy aims to help individuals develop a better understanding of themselves in social interactions, assisting them in loving themselves, boosting self-confidence, and viewing themselves more positively.

Research by Noviana et al. (2021) also indicated that both groups of schizophrenia patients with low self-esteem, one receiving positive affirmation therapy and the other standard protocol (SP) for low self-esteem, showed improvements with positive coefficients. This suggests that positive affirmation therapy can also improve physical fitness and health, happiness levels, feelings of worthiness, and calmness during sadness. According to Laras' study (2023), positive affirmation therapy is effective in building positive self-esteem in patients with schizophrenia. This was evidenced by significant differences after playing affirmation audio during theta brainwave states (before sleep and upon waking) in patients with low self-esteem.

Based on preliminary studies conducted on February 24, 2025, data from patients in Flamboyan ward at dr. RM

Soedjarwadi Mental Hospital Klaten showed that 211 patients experienced low self-esteem in 2024. In January 2025, there were eight patients with LSE, increasing to 10 in February. Based on interviews with two patients, they expressed feelings of shame, inferiority, inability to do anything, and guilt.

Based on the background above, the author is interested in applying Positive Affirmation Therapy to patients with low self-esteem to explore positive aspects, enhance their quality of life, and improve self-worth.

2. METHODS

This descriptive case study explores the management of low self-esteem using Evidence-Based Practice through positive affirmation therapy at dr. RM Soedjarwadi Mental Hospital Klaten. The subjects were two patients diagnosed with low self-esteem, selected based on inclusion criteria: a confirmed diagnosis of low self-esteem, willingness to participate, and cooperative behavior. Patients with physical health conditions that could interfere with participation were excluded. The research focused on two main variables: Quality of Life (QOL) and positive affirmation therapy. QOL refers to an individual's perception of their life in the

context of their culture, values, goals, and concerns, encompassing physical health, psychological state, social relationships, and environment. It was measured using the WHOQOL-BREF questionnaire, with scores categorized into five levels: Very Poor (0–20), Poor (21–40), Moderate (41–60), Good (61–80), and Excellent (81–100), using an ordinal scale.

Positive affirmation therapy involved self-directed statements filled with acceptance, freedom, abundance, and peace, delivered twice daily for 15 minutes over three consecutive days (March 7–9, 2025) in the Flamboyan Ward. The intervention followed a Standard Operating Procedure (SOP) to improve comfort, self-confidence, and self-worth, reduce negative thoughts, and enhance sleep quality. Data were collected through interviews, observations, and the WHOQOL-BREF questionnaire, administered before and after the intervention to assess changes in quality of life. Each questionnaire domain was scored on a five-point Likert scale (1–5), focusing on intensity, capacity, frequency, and evaluation. The domains included Physical Health (questions 3, 4, 10, 15, 16, 17, 18), Psychological Health (5, 6, 7, 11, 19, 26), Social Relationships (20, 21, 22), and Environment (8, 9, 12, 13, 14, 23, 24, 25). Negatively worded items (questions 3, 4,

and 26) were reverse-scored, and raw scores were transformed to a 0–100 scale for classification.

The research adhered to ethical principles following legal and administrative standards. Informed consent was obtained from all participants after providing clear information about the study's purpose, methods, benefits, and potential risks, with participation being entirely voluntary. To ensure confidentiality and anonymity, participants' names were not recorded; instead, coded identifiers were used. Data were reported collectively, without individual identification. The principle of beneficence was upheld throughout the study, ensuring that the intervention aimed to maximize benefits and minimize harm, ultimately contributing to the well-being of the participants.

3. RESULTS

This study was conducted at dr. RM Soedjarwadi Mental Hospital, located at Jl. Ki Pandanaran No. KM 2, Senden, Denguran, Klaten Selatan District, Klaten Regency. As a hospital owned by the Provincial Government of Central Java, this hospital has a total capacity of 196 inpatient beds. The hospital comprises both psychiatric and non-psychiatric care units. The psychiatric care units are

divided into acute and stable wards. One of the stable psychiatric wards is the Flamboyan Ward, which has a capacity of 26 beds. The Flamboyan Ward is designated for the care and treatment of male psychiatric patients in a stable condition.

Client 1, Mr. B, is a 44-year-old male from Gunung Kidul, employed as a charcoal producer, with an educational background of junior high school (SMP). He was admitted to the Emergency Department of dr. RM Soedjarwadi Mental Hospital Klaten on February 20, 2025, accompanied by family members, following the onset of symptoms four days prior. These symptoms included social withdrawal, persistent crying, emotional distress, and prolonged isolation in his room. The client reported feelings of sadness and shame related to being unmarried at his age, particularly in comparison to his peers who are already married. This constitutes his first psychiatric hospitalization. He expressed a sense of worthlessness and hopelessness, primarily attributed to perceived societal and personal failure regarding his marital status. There is no history of physical or

sexual abuse, and no family history of psychiatric disorders.

Client 2, Mr. A, is a 19-year-old male from Klaten, working as a factory laborer, with a senior high school (SMA) education. He was admitted on March 4, 2025, after exhibiting behavioral changes over the preceding five days, including irritability, verbal outbursts, crying episodes, and social withdrawal. The client expressed distress over the delayed recovery of his hand following a work-related injury, leading to a belief that he is no longer productive or useful. This is also his first admission to a psychiatric facility. Clinical observations by healthcare staff indicated that the client communicates only when necessary and frequently verbalizes feelings of inadequacy and low self-worth. There is no documented history of abuse, either physical or sexual, and no familial history of mental illness.

Both clients were assessed using the World Health Organization Quality of Life (WHOQOL) instrument, yielding identical scores of 50. This result suggests a comparably low perception of quality of life in both individuals, reflecting significant psychosocial and emotional impairment.

Table 1. WHOQOL Assessment Results Before Implementation of Positive Affirmation Therapy in the Flamboyan Ward, dr. RM Soedjarwadi Mental Hospital Klaten

Respondents	Day	WHOQOL Score	Quality of Life Level
Mr. B	Thursday	50	Moderate
Mr. A	Thursday	50	Moderate

Before the intervention, both Mr. B and Mr. A had a WHOQOL score of 50, which falls into the "Moderate" quality of life category. This indicates that, at baseline, both individuals experienced limitations in physical health, psychological well-being, social relationships, and environmental aspects, consistent with low self-esteem.

Table 2. WHOQOL Assessment Results After Implementation of Positive Affirmation Therapy in the Flamboyan Ward, dr. RM Soedjarwadi Mental Hospital Klaten

Respondents	Day	WHOQOL Score	Quality of Life Level
Mr. B	Saturday	75	Good
Mr. A	Saturday	100	Excellent

Following the three-day positive affirmation therapy, both patients showed notable improvements in quality of life. Mr. B's score increased from 50 to 75, shifting from "Moderate" to "Good" quality of life. Mr. A demonstrated a more significant improvement, achieving a perfect score of 100, indicating "Excellent" quality of life.

Table 3. Development of WHOQOL Scores During Positive Affirmation Therapy for Patients with Low Self-Esteem in the Flamboyan Ward, dr. RM Soedjarwadi Mental Hospital Klaten

Respondents	Time	Day 1	Day 2	Day 3	Quality of Life Level
Mr. B	Morning	50	63	73	Good
	Afternoon	56	69	75	
Mr. A	Morning	50	63	94	Excellent
	Afternoon	63	87	100	

The data show a consistent upward trend in WHOQOL scores for both patients across the three days of intervention. Mr. B's scores gradually improved from 50 to 75, while Mr. A showed a more rapid and substantial increase, reaching the maximum score by the end of the intervention. These progressive improvements suggest that daily practice of positive affirmations positively influenced their self-perception, emotional state, and overall well-being.

Table 4. Final Outcomes of Positive Affirmation Therapy for Both Respondents in the Flamboyan Ward, dr. RM Soedjarwadi Mental Hospital Klaten

Respondents	Score	Quality of Life Level	Description
Mr. B	75	Good	An improvement of 25 points in WHOQOL score, indicating enhanced quality of life after the intervention
Mr. A	100	Excellent	An improvement of 50 points in WHOQOL score, reflecting a significant positive change in quality of life

4. DISCUSSION

The management case of this application involves patients with mental disorders and low self-esteem who experience a decrease in quality of life, measured using the WHOQOL questionnaire. This discussion aims to describe the level of quality of life before and after implementing positive affirmation therapy at the Flamboyan ward of dr. RM Soedjarwadi Mental Hospital Klaten. Before receiving positive affirmation therapy, Mr. B and Mr. A had a quality of life score of 50, indicating moderate quality of life. A lack of attention and support from family and peers influenced Mr. B's moderate quality of life. He felt insecure due to not being married at his current age, which made him reluctant to leave the house.

Meanwhile, Mr. A also had a moderate quality of life due to insufficient social support. He experienced a work-related accident that resulted in injury to his hand from a factory machine. Feeling ashamed of being unable to work like his

peers despite still being young, he withdrew socially and experienced emotional distress, further lowering his quality of life. According to Raeburn & Rootman (2020), such conditions are influenced by life events related to developmental tasks and the stress they generate. This highlights how an individual's ability to carry out specific tasks can significantly affect the pressure these tasks impose.

These findings align with those of Daulay (2021), which showed that the quality of life among people with mental disorders includes general quality of life, physical health satisfaction, psychological well-being, social relationships, and environmental factors. This review helps identify several factors influencing the quality of life of individuals with mental disorders, such as family support, social support, individual psychological coping mechanisms, and treatment received. Similar results were found in Yulianti's (2021) study, which identified two dominant factors influencing the quality of

life of schizophrenia patients: family function and self-stigma. Other contributing factors include low self-esteem, self-insight, and stress coping abilities. Based on these findings and theories, it is assumed that the low quality of life among patients with mental disorders stems from their physical, psychological, and social conditions. The lack of attention and social support from their surroundings leads patients to feel that their self-worth is low, causing them to withdraw from society and feel emotionally burdened, further deteriorating their quality of life. As mental health issues are inherently linked to social contexts, support from the surrounding environment plays a crucial role in boosting patients' confidence, motivation, and self-esteem, ultimately encouraging improvement in their overall quality of life.

After the implementation of positive affirmation therapy, there was a noticeable improvement in the quality of life of both patients. Mr. B scored 75, indicating a good quality of life, while Mr. A scored 100, reflecting an excellent quality of life. These differences in outcomes were influenced by the emergence of emotional responses during therapy. Emotional reactions occurred when patients felt overwhelmed by their problems and under significant pressure. The positive affirmation therapy

was conducted over three days, twice per shift (at 08:00 and 13:00). Mr. B chose affirmations such as "I am strong, I am capable, I believe I can do it, I want to work again," while Mr. A selected statements like "I want to recover quickly, I want to work again, I am strong, I am capable." Measurements taken on the third day significantly improved both patients' scores. The success of positive affirmation therapy in improving the quality of life of patients with low self-esteem was attributed to their cooperation and ability to follow instructions. According to Laras (2023), consistent and repeated positive affirmations can reduce negative thoughts and feelings while enhancing positive emotions and expectations, thereby improving quality of life.

This result is supported by Monshed's study, which showed a positive relationship between recovery and perceived social support. Patients who received strong social support and maintained stable emotional states experienced better recovery outcomes. Conversely, those with poor relationships with family, friends, or partners faced worse mental health outcomes during recovery. This is further supported by Eni's (2020) research, which demonstrated an increase in self-esteem scores from the low category to the normal range. The

researcher emphasized the importance of identifying clients' existing strengths and capabilities. By reinforcing positive aspects within the patient and replacing negative thoughts with positive affirmations, clients can overcome feelings of inferiority and regain self-confidence.

The third part of the discussion describes the development of quality of life before and after implementing positive affirmation therapy at the Flamboyan ward of dr. RM Soedjarwadi Mental Hospital Klaten. Positive affirmation therapy was found to improve the patients' quality of life. On the first day, both Mr. B and Mr. A had a quality of life score of 50, indicating moderate quality of life. Mr. B slightly improved six points on the second day but experienced minimal progress afterward, resulting in a final score of 75, categorized as good quality of life. This outcome was influenced by several factors, including psychological development, age, and the patient's discipline in performing agreed-upon activities of daily living (ADL). Mr. B did not consistently follow the ADL routine, which limited significant improvements in his quality of life, only gaining 25 points overall. However, Mr. B managed to maintain a good quality of life due to his skill in making charcoal, which enabled him to support his family's daily needs and further develop his abilities.

According to Erik Erikson, age can influence personality development; how individuals cope with problems according to their stage of life can affect the quality of life improvement. This aligns with Widyastuti et al. (2021), which states that psychological development can lead to recurring low self-esteem when patients feel incapable of solving their problems.

Meanwhile, Mr. A showed steady improvement each day, indicating a more significant increase in quality of life. By the third day, he had gained 50 points, reaching a final score of 100, which is categorized as an excellent quality of life. This result was influenced by his younger age of 19 years. Research by Widiyanti et al. (2021) explains that younger individuals tend to experience faster improvements in quality of life due to better physical health, psychological condition, and social adaptability. The study also notes that individuals with better psychological conditions tend to have a more optimistic mindset. Younger people are generally more hopeful about life and motivated to maintain their health and seek ways to improve their well-being. Mr. A demonstrated high motivation toward recovery and hope for a better future. He desired to enhance his work skills as a factory laborer to earn a decent income and meet his family's needs. This highlights the

potential for significant quality of life improvement when appropriate interventions are applied.

Based on these findings and supporting theories, it can be assumed that self-esteem and quality of life are closely related. When an individual has high self-esteem, their quality of life also tends to be high, and vice versa. However, increasing self-esteem and quality of life among patients with mental disorders is challenging due to negative stigma from the environment, which makes them feel unsupported, leading to low confidence and self-worth. Therefore, positive affirmation therapy—which instills positive thoughts regardless of external negativity—is essential for improving patients' internal outlook.

The fourth part of the discussion compares the outcomes between the two respondents after undergoing positive affirmation therapy. Both Mr. B and Mr. A showed improved quality of life after three days of intervention, but the level of improvement differed. Mr. B started with a score of 50 (moderate quality of life) and ended with a 75 (good quality of life), reflecting a 25-point increase. Meanwhile, Mr. A began with a score of 50 and reached a perfect 100 (excellent quality of life), showing a 50-point increase. These results indicate that Mr. A experienced a higher

improvement than Mr. B. This difference was primarily attributed to Mr. A's younger age and greater discipline in performing the agreed-upon ADL routines.

Mr. B's psychological aspects had not fully improved, as he occasionally still had negative thoughts and difficulties concentrating. When psychological aspects are impaired, they can negatively affect thinking and spread to physical and social domains. Therefore, interventions that strengthen psychological resilience, such as positive affirmation therapy, enhance quality of life by helping patients build mental endurance, improve self-perception, and increase their capacity to live more productively and happily. The differences observed were also influenced by psychological development, emotional instability, and physical condition. According to Anita Maretna Sari (2019), patients experiencing confusion and emotional pressure may develop increased anxiety and stress. Excessive stimulation of the adrenal cortex leads to excessive cortisol secretion, reducing dopamine production. Signs of low self-esteem then emerge, causing pressure, sadness, and lack of self-confidence. Thus, a significant lack of self-confidence significantly affected the variation in quality of life improvement after receiving positive affirmation therapy.

Based on the research findings, one patient achieved a high (excellent) quality of life after undergoing positive affirmation therapy over three sessions. On average, this patient developed greater self-confidence, felt that life was meaningful, and made efforts to build better communication. Additionally, the patient maintained good personal hygiene, appearing clean and neat, contributing to self-satisfaction and acceptance of their physical condition. Throughout the three therapy sessions, family members also provided motivation, support, and attention, positively impacting the patient psychologically. In contrast, the other patient only achieved a moderate (good) quality of life. This individual still felt that life lacked meaning, feared interacting with others, and received insufficient support from family and the surrounding community. This result confirms that improving the quality of life for patients with low self-esteem requires therapeutic interventions and strong support from families and society. This finding aligns with Sanchaya et al. (2021), who emphasized that family support significantly affects the quality of life of people with mental disorders (ODGJ). According to Nursalam (2013), one component of quality of life is social relationships, which include personal

connections, social support, and sexual activity.

The study by Laras Siswati et al. (2023) supports using positive affirmation therapy to improve the quality of life for patients with low self-esteem. By promoting positive thinking, this therapy helps replace negative thoughts with positive ones, enabling patients to make realistic decisions, achieve personal goals, and manage feelings of helplessness by controlling situations within their capabilities. When patients feel calm and secure, their quality of life improves through safety, self-control, independence, positive self-perception, belonging, participation in enjoyable and meaningful activities, and a positive outlook.

5. CONCLUSION

Based on the case study conducted, positive affirmation therapy can improve patients' quality of life and self-esteem, enabling them to feel more confident. Before receiving the therapy, both patients were assessed as having a moderate quality of life, scoring 50. After implementing positive affirmation therapy, improvements were observed in both individuals. Patient 1's quality of life improved to the "good" category, while patient 2 achieved an "excellent" quality of life rating. Specifically, patient 1

experienced a 25-point increase, moving from moderate to good quality of life, whereas patient 2 showed a 50-point improvement, advancing from moderate to excellent quality of life. This positive shift indicates that positive thinking through affirmation therapy can effectively replace negative thought patterns. Initially having a moderate quality of life, both patients demonstrated significant progress, patient 1 reaching a reasonable level and patient 2 achieving an excellent level. The therapy helped transform negative thinking into a more positive mindset, allowing patients to make better decisions, set realistic life goals, and manage feelings of helplessness by taking control of situations they can handle independently.

For educational institutions, the findings from this case study can serve as a reference for curriculum development, particularly in incorporating additional therapeutic approaches for patients with low self-esteem to improve their quality of life. For nursing professionals, the results of this case study can be integrated into daily therapeutic activities within inpatient units. Positive thinking exercises can be used as part of nursing interventions to support patients in building self-esteem and overcoming negative thoughts. For future researchers, it is recommended that before beginning any therapy, coordination

with ward nurses should ensure that no other nursing interventions, aside from pharmacological treatment and those conducted explicitly by the researcher, are carried out during the study period. This will help ensure that the effects of the positive affirmation therapy are accurately and purely reflected in the outcomes.

AUTHOR CONTRIBUTIONS

The author contributes in conceptualization, data collection and analysis Intan Anggraini, Norman Wijaya Gati, and Wahyu Reknoningsih. Writing and manuscript revisions: Intan Anggraini and Norman Wijaya Gati.

ACKNOWLEDGMENT

The author want to thank you for respondents in dr. RM Soedjarwadi Mental Hospital Klaten, that contribute as participants in this research.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest in this research.

DATA AVAILABILITY STATEMENT

The data are available from the corresponding author upon reasonable request.

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