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## Nursing Care For Mrs. Y With Helplessness At Rojinhome Ikedaen Okinawa Japan

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### Abstract

*The increasing elderly population in Japan and Indonesia increases the risk of powerlessness in residents of care facilities such as Rojinhome Ikedaen. This case study aims to describe nursing care for Mrs. Y with powerlessness through the process of assessment, diagnosis, intervention, implementation, and evaluation for 3x24 hours. The type of research is a qualitative descriptive case study with a nursing process approach. The population of the elderly in the Finesu room (20 people), a single purposive sample of Mrs. Y (92 years old, diabetes). Instruments include assessment sheets (MMSE, social interaction), interviews, observations; thematic analysis with triangulation. The results showed a diagnosis of powerlessness (D.0092) related to unsatisfactory interpersonal interactions; coping promotion intervention (I.09312) increased interaction interest from 2 to 5 and social participation. Conclusion: Stepwise nursing care is effective in reducing initial powerlessness, a continuous protocol for full independence is recommended.*

**Keywords:** Nursing Care, Helplessness, Institutionalized Elderly, Powerlessness, Rojinhome.

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## INTRODUCTION

The global aging population has become a major health challenge, particularly in Japan, the country with the highest proportion of elderly people in the world. In 2024, approximately 29.4% of Japan's population, or 36.19 million people, will be aged 65 and over, with a projection of 34.8% by 2040, increasing the need for long-term care facilities like Rojinhome Ikedaen. In Indonesia, the elderly population reached 29.1 million, or 12%, in 2023, and is projected to grow to 20%, or 50 million, by 2045, demonstrating a similar aging trend that is burdening the healthcare system.

Placement of older adults in institutional facilities often triggers psychosocial issues such as powerlessness. Powerlessness is defined as the perception that an individual's actions have no impact on their life situation, according to the NANDA-I taxonomy. Loss of autonomy, limited mobility, and changes in social roles are key triggers for older adults at Rojinhome.

The problem of helplessness is further complicated by institutional environmental factors in Japan. Over 40% of older adults in care facilities exhibit symptoms of learned helplessness, which diminishes their quality of life and cognitive function. Policies that limit autonomy, such as uniform schedules and minimal participation, exacerbate this condition, with a high risk of depression and social isolation.

In Indonesia, empowerment-based nursing interventions effectively reduced helplessness ( $p < 0.05$ ), but specific studies in the Japanese context are limited. Cultural factors such as *amae* and *ikigai* influence the expression of helplessness in Japanese elderly, requiring cross-cultural adaptation. The prevalence of social frailty in nursing homes, associated with loneliness and depression, requires early detection.

This problem is exacerbated by the WHO's global projection that 1 in 6 people will be elderly by 2050, with Indonesia facing a similar burden to Japan. A pre-survey at Rojinhome Ikedaen's Finesu room showed that elderly people tend to be isolated despite being relatively physically fit, with minimal participation in social activities.

This study aims to describe the implementation of psychiatric nursing care for Mrs. Y with helplessness at Rojinhome Ikedaen Okinawa through a 3x24-hour assessment, diagnosis, intervention, implementation, and evaluation process. The urgency arises from the high psychosocial risks in Japanese and Indonesian institutionalized elderly, where empowerment interventions can improve

social engagement and well-being. The novelty lies in the analysis of the Japanese cultural context with adaptations for Indonesian practice, filling the gap in cross-cultural studies on helplessness.

## RESEARCH METHODS

This study uses a qualitative descriptive case study with a nursing process approach that includes assessment, diagnosis, planning, implementation, and evaluation for 3x24 hours on patient Mrs. Y at Rojinhome Ikedaen Okinawa Japan. This approach allows for in-depth exploration of the phenomenon of helplessness naturally without variable manipulation, in accordance with Sugiyono's definition which states that qualitative research aims to understand phenomena through description and interpretation in their original context. In addition, Emzir emphasized that qualitative case studies are ideal for the analysis of individual phenomena such as nursing care in a single case, with a focus on data triangulation for validity. Creswell also supports this design for single cases in nursing research, where in-depth narratives produce rich contextual understanding.

The main instruments included a psychiatric nursing assessment sheet (identity, medical history, mental status, social interaction patterns, MMSE), in-depth interview guidelines, behavioral observation sheets, and medical documentation. Data collection techniques included interviews with patients and staff, participant observation of social interactions and nonverbal expressions, and documentation of medical records and Rojinhome activity reports. Data analysis was conducted thematically with data reduction, data display, and verification through source triangulation, as outlined in the original file. Sugiyono explained that this iterative qualitative analysis involved categorizing themes from observations and interviews to build a holistic understanding. Emzir added the Bogdan and Biklen analysis model for qualitative data triangulation in nursing case studies, ensuring reliability through cross-checking. Sudaryono, in the context of health research, recommends this technique for clinical cases to avoid subjective bias.

The study population was all elderly residents of the Finesu Rojinhome Ikedaen Okinawa, Japan, which houses approximately 20 individuals at risk of psychosocial problems such as helplessness. A single purposive sample, namely Mrs. Y (female, 92 years old, diagnosed with diabetes and helplessness), was selected based on the inclusion criteria: institutionalized elderly with clinical manifestations of helplessness (solitude, blunted affect, lack of social participation) and basic communication skills. This approach is in accordance with Sugiyono's qualitative case study, where a single sample is chosen for depth of analysis rather than statistical generalization. Creswell emphasized that purposive sampling in case studies targets rich information from bounded units such as single patients to explore unique phenomena. Emzir added that contextually defined populations such as elderly care facilities require representative samples of extreme cases for in-depth insights.

The procedure began with ethical preparation (informed consent, anonymity, confidentiality), followed by a 3x24-hour primary data review (interviews, observations, documentation) on May 24, 2025. Data analysis then resulted in a nursing diagnosis of "helplessness related to environmental changes," intervention planning (coping promotion, social support, therapeutic communication), action implementation, and outcome evaluation, such as increased social participation. This process was iterative and evidence-based, with supervisor supervision. Sudaryono outlined the nursing case study procedure as a systematic cycle similar to the nursing process for practical validity. Creswell emphasized a logical sequence from collection to interpretation in a single case study design, with researcher reflection for credibility. Sugiyono and Emzir recommended this step-by-step triangulation procedure to ensure comprehensive qualitative data saturation.

## RESULTS AND DISCUSSION

### Assessment

#### Patient and person responsible identity

The results of the assessment conducted on May 24, 2025 in the Finesu Rojinhome Ikedaen Okinawa room, obtained data on a patient with the initials Mrs. Y, female, 92 years old, with a bachelor's degree, and living in Nishihara Okinawa with a medical diagnosis of diabetes. The person responsible for the patient with the initials Mrs. K is 50 years old, female, works as a private employee, and is related to the patient as the patient's child and lives in Nishihara Okinawa.

#### Medical history

**Table 1. Results of the health history assessment of Mrs. Y on May 24, 2025**

No	Health History	Assessment Results
1.	Main complaint	Rojinhome staff said the patient often stayed in her room and was reluctant to interact or participate in group activities. She felt sad because she couldn't see her family. She also said she missed her child. She said she felt lonely because her husband had died and her child was now working. She said she sometimes contacted her child. She also said she didn't really like crowds and preferred quiet places.
2.	History of present illness	The patient came to rojinhome Ikedaen Nishihara in 2018 with the reason for entering because there was no one at home, the lack of social activities at home made it difficult for the patient to interact so that when the patient was at rojinhome the patient felt comfortable being alone, seemed to separate himself from the group, the patient also sometimes daydreamed.
3.	Past medical history	Rojinhome staff said that he had previously suffered from Alzheimer's dementia in 2018, diabetes which required the patient to take medication, causing the patient's social interactions to worsen, such as staying in his room, and feeling reluctant to interact with other people.
4.	Family history of disease	Rojinhome officers said there was no history of illness in his family.

#### Mental status observation

**Table 2. Observation results and mental status of Mrs. Y.**

No	Observation	Observation Results
	Appearance	Look neat and appropriate.
	Talks	Loud, sometimes soft.
	Motor activity	There is no unusual motor activity in the patient (the patient looks calm while sitting and reading a book).
	The realm of feelings	The patient felt sad because he was far from his family.
	Affect	Blunt (the patient is unwilling to react or respond when patted or asked questions with a loud intonation).
	Interaction during the interview	Reduced eye contact and frequent looking down
	Perception	The patient does not experience perceptual disturbances (no hallucinations, perception of the environment is still realistic).
	Thought content	The patient said he lost his partner.
	Thought process	Conversations that jump from one topic to another.
	Level of consciousness	Compos mentis, but seems less enthusiastic and responds slowly when interacted with.
	Memory	Long and short term memory impairment (when asked what they ate the previous day, the patient was unable to answer).

Level of concentration and calculation	Easily distracted and lack of concentration (patient's attention is easily diverted from one object to another).
Assessment skills	Does not have impaired judgment (when asked whether the patient wants to wear shoes or sandals, the patient is able to make a decision).
Self-awareness	The patient realized why he was at Rojinhome because there was no one at home and his child was working.

**Social interaction data**

**Table 3. Social interaction data**

No	Question	Always (3)	Sometimes (2)	Never (1)
1	How often do you participate in mutual cooperation?			✓
2	How often do you do morning exercise?		✓	
3	How often do you and other seniors sit together?		✓	
4	How often do you fight with other seniors at rojinhome?		✓	
5	How often do you fight with other elderly people at Rojinhome?		✓	
6	How often do you queue to go to the bathroom?		✓	
7	How often do you scold other elderly people?		✓	
8	How often do you take other people's things?			✓
9	How often do you fight over water to bathe with other people?			✓
10	How often do you like to share food with other seniors?		✓	
11	How often do you like to force other people to do what you want?			✓
12	How often do you invite my friends to help solve problems with other people?			✓
13	How often do you help others who need my help?			✓
14	How often do you use Japanese to communicate with each person?	✓		
15	How often do you socialize with people of a different ethnicity than me?			✓
16	How often do you make friends only with people who live in rojinhome.			✓
17	How often when you have a problem with someone else do you tell that person directly?	✓		
18	How often when you have a problem with someone else, do you prefer to tell the rojinhome officer?		✓	
19	How often when you have a problem do you just keep quiet without wanting to express it?			✓
20	How often do you participate in elderly activities at rojinhome?		✓	
21	How often do you wish other seniors at rojinhome a happy religious holiday?			✓
	Amount	6	14	12
	Total number			32

**INTERPRETATION OF RESULTS:**

**21-34 : Lack of social interaction**

35-48 : Sufficient social interaction

49-63 : Good social interaction

**MMSE Assessment**

**Table 4. MMSE (Mini Mental State Examination)**

No	Question	Answer	Highest Score	Score achieved
1.	Orientation Assessment			
	What year is it now?	2025		
	What season is it now?	Semi		
	What date is it now	19	1	
2.	What month is it now?	April	1	
	What is the name of your country?	Japan	1	
	What is the name of your residence?	Don't know		
	What is the name of your city?	Don't know		
	What is the name of your district?	Don't know		
3.	What is the name of your village?	Don't know		
	Name 3 objects (1 object for each object), 1 correct)			
	Fan rating: 1	Fan	1	
	Drinking bottle value: 1	Drinking bottles	1	
4.	Blanket value :1	Blanket	1	
	Count subtract 7			
	100-7			
	93-7			
	86-7			
	79-7			
	72-7			
	Or spelling "REVELATION" backwards		1	
	U	The patient is able to read backwards and upside down.		
	Y			
H				
A				
W				
5.	Ask the name of the object that was asked in number 3.			
	Fan	Fan	1	
	Drinking bottles	Drinking bottles		
6.	Blanket	Blanket	1	
	Examiner: shows a pen & book, the elderly person is asked to name 2 objects that the examiner points to (correct score 1): 1			
	Pen value: 1	Fountain pen	1	
7.	Gradebook:1	Book	1	
	The elderly are asked to repeat the examiner's words: but, without, if	I eat ramen	1	
8.	The elderly are asked to carry out 3 commands:,			
	take the paper with your right hand		1	
	fold in 2	Capable	1	
	put the paper on the floor		1	
9.	The elderly are asked to read and carry out commands (provide a	Capable	1	

	sign: close your eyes, the elderly close their eyes)		
10.	The elderly are asked to write sentences spontaneously, 2 words (subject & predicate)	Capable	1
11.	Seniors are asked to draw a pentagon	Capable	1



Interpretation  
 Score 0-10: severe dementia  
 Score 11-17: moderate dementia  
 Score 18-23: mild dementia  
 Score 24-30 : normal

**Assessment of daily activity patterns**

**Table 5. Assessment of Daily Activity Patterns of Mrs. Y**

Types of Assessment	In the hospital
Nutritional patterns	Patients eat 3 times a day, the type of food is rice, vegetables and side dishes, they eat it all up.
Elimination pattern	Stool Pattern: The patient has 2 bowel movements every 3 days with a solid, brownish consistency. Urinary pattern: The patient's urine is dark yellow.
Rest and sleep patterns	The number of hours of sleep for patients is 6 hours with insomnia sleep disorders.
Activity and Exercise Patterns	Fulfillment of the patient's basic needs depends on all the patient's basic needs being assisted by nurses.
Personal Hygiene	Patients take a bath twice a week and brush their teeth twice a day.

**Drug therapy program**

**Table 6. Drug Therapy Program for Mrs. Y**

Type	Dose	Indication
Clotiazepam 5mg	1x1	Relieves anxiety and tension, reduces physical discomfort due to psychological factors, and helps you fall asleep.
Losartan Potassium 50mg	1x1	Lowering blood pressure and treating nephropathy associated with diabetes.
Tsumura 83 Yokukansan Extract Granules	2x1	Relieves neurosis, insomnia.

**Nursing Diagnosis**

**Table 1. Data analysis on patient Mrs. Y with helplessness.**

Date	Data analysis	Problem	Etiology
May 24, 2025	Ds: Rojinhome officers said the patient was often in the room The patient said he felt sad because he could not meet his family.	<b>Helplessness (D.0092)</b>	Unsatisfactory interpersonal interactions

The patient said she felt lonely at Rojinhome because her husband had died a long time ago and her child was working.

DO:

The patient appears to lack social activity in activities.

The patient seemed comfortable being alone.

The patient was seen separating himself from the group.

The patient seemed lost in thought.

### Nursing Interventions

**Table 2. Nursing Intervention Plan Overview for Helplessness in Mrs. Y**

SDKI	SLKI (PPNI, 2019)	SIKI (PPNI, 2019)															
Inability empowerment (D0092)	After nursing intervention for 3x24 hours, the problem of helplessness was resolved with the following outcome criteria: Social engagement L.13115	<b>oping Promotion (L.09312)</b> <b>bservation</b> identify short and long term activities according to objectives. identify the abilities you have. identify needs and desires for social support. Therapeutic facilitation in obtaining the required information. motivation to engage in social activities. Education recommend establishing relationships that have the same interests and goals. practice social skills.															
	<table border="1"> <thead> <tr> <th>Criteria</th> <th>Beginning</th> <th>End</th> </tr> </thead> <tbody> <tr> <td>Interest in interaction</td> <td>2</td> <td>5</td> </tr> <tr> <td>Interest in activities.</td> <td>2</td> <td>5</td> </tr> <tr> <td>Withdrawal behavior</td> <td>3</td> <td>5</td> </tr> <tr> <td>Eye contact</td> <td>3</td> <td>5</td> </tr> </tbody> </table>	Criteria	Beginning	End	Interest in interaction	2	5	Interest in activities.	2	5	Withdrawal behavior	3	5	Eye contact	3	5	
Criteria	Beginning	End															
Interest in interaction	2	5															
Interest in activities.	2	5															
Withdrawal behavior	3	5															
Eye contact	3	5															
	Information 1: Decreasing 2: Quite down 3: Medium 4: Quite improved 5: Increase																

### Nursing Implementation

**Table 3. Overview of Nursing Implementation for Helplessness in Mrs. Y on May 24, 2025**

Date	O'clock	Implementation	Response
Saturday, May 24, 2025	08.00	Introducing yourself to the patient Conducting TTV observations	The patient wants to be introduced to someone  BP 123/80 mmHg Pulse 60x/minute Temperature 36.0 C RR 19x/minute
	09.30	Monitoring body hygiene	-  The patient's hair looks limp. The patient's nails look long.
	10.00	Asking the patient what activities they like to do	The patient said he likes singing

			The patient said he enjoyed reading newspapers and doing puzzles.
			The patient is seen filling out a newspaper.
11.00	Asking who is the closest person in rojinhome.		The patient said there was no one nearby.
			The patient appears to be withdrawn.
13.30	Ask the patient if they would like to meet other patients.		The patient said he didn't want to meet anyone.
14.00	Practice simple conversations between patients		The patient said he did not want to interact because he felt more comfortable alone.
			The patient does not want to socialize with other people.
15.00	Make a time contract for tomorrow to communicate again and do activities you like)		The patient appears to be nodding.
16.30	Daily evaluation of interaction interest.		The patient said he didn't want to meet other people.
			The patient appears to be withdrawn.
			Doing activities that the patient likes (singing)
Sunday, 25 May 2025	08.30	Greet patients using simple language when communicating	The patient said good morning.
			Patients appear more open and less avoidant.
	10.00	Invite patients to do morning exercise and activities they like	The patient said he liked to sing.
			The patient agrees to do exercise activities
			The patient was seen reading puzzles, watching TV.

	11.00	Motivate patients to engage in social activities (invite patients to sit together with other patients)	The patient is willing to sit with other patients even for a short time.  The patient appears to be starting to interact, albeit briefly.
	12.35	Assist patients in maintaining hygiene - by preparing toothbrushes.	The patient appears to be using a toothbrush. the patient's teeth look cleaner
	13.00	Invite patients to participate in group activities (doing gymnastics)	The patient said he was lazy to do exercise  The patient seemed a little quiet.
	13.35	Engage patients in social skills (group singing).	The patient said he wanted to sing.  e patient was seen singing with other patients.
	14.00	Facilitate patients in obtaining information (put out the latest newspaper every morning for them to read)	The patient said he wanted to read the newspaper.  The patient was seen reading a newspaper.
	15.00	Conduct an evaluation by asking about the patient's comfort level.	The patient said he felt a little comfortable.  The patient appears to initiate interactions with others.
	15.35	Incorporate long-term activities (morning exercise)	The patient was seen doing exercise in the morning and afternoon, as well as singing.
Monday, May 26, 2025	08.30	Greet the patient again and invite them to chat again	The patient responded to the greeting good morning.  The patient looks cheerful.
	10.30	Accompanying patients doing morning exercise	

		The patient said he wanted to do morning exercise but only for a short time.
		Appears to be participating in gymnastics activities.
11.45	Identify the desired needs (ask for help from Rojinhome officers)	The patient said that his long nails should be cut.
		The patient's nails looked clean after being cut.
12.30	Identifying desired needs (helping patients maintain hygiene by preparing toothbrushes).	The patient said he needed a toothbrush.
		The patient appears to be using a toothbrush that has been prepared.
13.30	Educating Patients to establish relationships by smiling and greeting.	-
		The patient was seen smiling and greeting other people.
15.00	Identify age-appropriate self-care habits.	-
		It appears that the patient is scheduled to shower 2x/week. Cleaning teeth every meal.
16.30	Assess patient response to social skills	The patient can now interact with other people.
		Patients appear to be doing group activities for quite a long time.

### Nursing Evaluation

**Table 4. Overview of Nursing Evaluation Results for Helplessness in Mrs. Y**

	Day 1	Day 2	Day 3
S	The patient said she felt sad because she couldn't see her family and felt lonely living at Rojinhome. She said she didn't want to meet anyone and didn't want to interact with anyone.	The patient responded to the greeting "good morning", the patient said he liked singing, the patient said he agreed to do exercise, was willing to sit with other patients even for a short time, the patient said he felt a little comfortable.	The patient says good morning to answer the greeting, the patient says he wants to do morning exercise even if it is only for a short time, the patient says he can interact with other patients.
O	The patient appeared to be alone in his room, making minimal eye contact, and not participating in group activities. His blood pressure was 123/80 mmHg, pulse rate 60	The patient seemed less withdrawn, started sitting with other patients even if only briefly, the patient seemed to be singing with other	The patient looked cheerful, followed the exercise, the patient appeared to smile and greet other people and carried out activities in groups.

	beats/minute, respiratory rate 19 beats/minute, and temperature 36.0°C.	19 patients, the patient seemed to be reading the newspaper.	
P	Continue intervention	Continue intervention	Stop the intervention
	Day 1	Day 2	Day 3
	Therapeutic communication Identify long and short term activities according to objectives. Identify needs and desires for social support.	Motivation for group activities. Encourage relationships that have common interests. Practice social skills.	Continue the socialization promotion program regularly Encourage independence in interactions.

## DISCUSSION

### Nursing diagnosis

Based on the assessment results, Mrs. Y showed a nursing problem of helplessness (D.0092) as evidenced by subjective and objective data. Subjective data showed that the patient felt sad because she could not meet her family, felt lonely since her husband died, and rarely received visits from her children. Rojinhome staff also reported that the patient often stayed in her room and rarely participated in social activities.

Objective data indicate the patient is withdrawn, isolated from groups, less involved in social activities, daydreams, and exhibits limited social interactions. Based on the criteria for the Indonesian Demographic and Health Survey (IDHS) (PPNI, 2017) and NANDA (Herdman & Kamitsuru, 2021), this condition aligns with the diagnosis of helplessness associated with unsatisfactory personal interactions.

Theoretically, this condition can be explained through the theory of learned helplessness, where individuals who experience repeated loss and role changes can develop passive and withdrawn attitudes.

Research (Santini et al., 2022) shows that social isolation is significantly associated with increased perceptions of helplessness and depression in the elderly. Chen et al., 2021 also found that low social participation in institutionalized elderly increases psychological distress and feelings of helplessness. This reinforces the rationale that unsatisfying personal interactions are a possible etiology in Mrs. Y's case.

### Nursing interventions

Nursing interventions for Mrs. Y based on the diagnosis of helplessness (D.0092) refer to the Indonesian Nursing Intervention Standards (SIKI, 2019), namely Coping Promotion (I.09312). This intervention aims to improve the patient's ability to adapt to psychosocial stressors by increasing social engagement and restoring a sense of self-control. The target outcomes to be achieved within 3 x 24 hours refer to the Indonesian Nursing Outcome Standards (SLKI), namely the patient is able to show acceptance of the condition, cooperate with others, show concern, and engage in social activities.

The intervention plan focused on activity-based therapy promoting socialization, tailored to the patient's condition and interests. The first step was to help the patient identify an activity they enjoyed, namely singing. This approach is based on Bandura's self-efficacy theory, which states that small success experiences (mastery experiences) can increase an individual's confidence in their ability to interact. When patients successfully participate in activities that align with their interests, they experience increased self-confidence and social motivation.

Next, the nurse provides emotional support and therapeutic communication to help the patient express feelings of sadness and loneliness. This stage aligns with Peplau's interpersonal relationship theory, which emphasizes the importance of the orientation phase in building a trusting relationship before further interventions are provided. Without a sense of emotional safety, patients tend to maintain withdrawn behaviors.

The nurse then facilitates the patient's gradual participation, starting with sitting together and moving on to singing along. This gradual intervention aims to avoid psychological distress and restore

the patient's sense of control, in line with Seligman's concept of learned helplessness, where providing opportunities to choose activities helps reverse perceptions of helplessness.

The effectiveness of this approach is supported by research (Chen et al., 2021) in the *International Journal of Nursing Studies*, which showed that increasing social engagement in institutionalized older adults significantly reduced perceptions of helplessness and improved psychological well-being. Research (Santini et al., 2022) also found that meaningful social interactions act as a protective factor against depression and increase a sense of self-control in older adults. Furthermore, a Japanese study by (Igarashi et al., 2021) showed that structured social stimulation can trigger early changes in communication patterns and emotional expression in older adults in long-term care facilities.

The changes seen within 3×24 hours indicate an initial positive response, although based on evidence (Chen et al., 2021), ongoing intervention is still needed to achieve long-term stability.

### **Implementation of nursing**

The implementation of nursing that has been running in accordance with the selected intervention, the implementation of nursing carried out on patient Mrs. Y with a nursing diagnosis was carried out for 3 days on May 24, 2025 to May 26, 2025.

On the first day, the patient still displayed social resistance, isolation, and blunted affect. The intervention focused on therapeutic communication and building a trusting relationship, as per Peplau's theory. This stage is crucial for creating a sense of security before social stimulation is provided. Psychologically, this is the defensive withdrawal phase. Elderly individuals who feel a loss of control tend to reduce social engagement as a form of self-protection. The intervention focused on therapeutic communication, identifying interests, and contracting interaction time. This approach aligns with evidence from Chen et al. (2021) which states that successful social intervention begins with creating a sense of emotional safety. On the second day, the patient began sitting with other elderly individuals and participating in singing activities. This change can be analyzed as the self-efficacy activation phase, where small successes such as singing together provide positive reinforcement. Research from Rahmawati et al. (2022) shows that interest-based group activities can increase the self-confidence of older adults within 3–5 days. On the third day, the patient showed increased eye contact, faster verbal responses, and more expressive affect. These changes indicate improved emotional regulation and social engagement. However, changes still depend on nurse facilitation, meaning that powerlessness has not been completely overcome but shows significant progress.

### **Nursing evaluation**

The results of the implementation evaluation that has been carried out are:

On the first day, after therapeutic communication and identification of the patient's preferred activities, the patient's responses still showed a predominance of withdrawal behavior. The patient remained in his room most of the time, appeared withdrawn, and made minimal eye contact. Subjectively, the patient continued to express feelings of sadness and loneliness due to being away from his family. However, the patient began to demonstrate a cooperative response, agreeing to answer questions and agreeing to schedule a time for the next meeting. This indicates the formation of a trusting relationship, although indicators of social engagement have not significantly improved. Based on these conditions, the problem of helplessness has not been resolved, but initial responses in the form of a willingness to communicate have begun to appear.

On the second day, after the patient was motivated and facilitated to participate in singing activities according to his interests, more adaptive behavioral changes occurred. The patient began to be willing to sit with other elderly people, albeit for a limited time. The patient also showed increased eye contact and more spontaneous verbal responses compared to the first day. The patient appeared to participate in the singing activities and displayed more responsive facial expressions. This indicates increased social engagement and the emergence of confidence in interactions.

On the third day, the patient's progress showed more marked improvement. He no longer refused to sit with the group and was able to maintain interactions for longer periods. Eye contact improved, verbal responses were quicker, and affect became more expressive during singing activities. Although he still occasionally chose to be alone at certain times. Overall, there was a decrease in withdrawal behavior and a more stable increase in social engagement compared to the previous two days.

Based on these results, the problem of helplessness shows significant improvement but has not been completely resolved, because social participation is not yet fully independent and still requires nursing facilitation.

## CONCLUSION

This case study describes the implementation of nursing care for Mrs. Y, a 92-year-old elderly with disability at Rojinhome Ikedaen Okinawa Japan. Through a three-day nursing process, the assessment revealed subjective data such as feelings of loneliness due to the loss of a partner and rarely seeing family, and objective data such as solitary behavior, blunted affect, and low social interaction (score 32, poor category). A nursing diagnosis of helplessness (D.0092) related to unsatisfactory interpersonal interaction was established based on the Indonesian National Child Health Survey (IDHS PPNI). Coping promotion interventions (I.09312) through therapeutic communication, interest identification (singing), and social facilitation resulted in significant improvements: interest in interaction from 2 to 5, withdrawal behavior from 3 to 5, and more active group participation on the third day. SOAP evaluation showed progress from initial resistance to adaptive engagement, although not yet fully independent.

The study was limited to a single case study over three days, so the results cannot be generalized to the broader elderly population and require longitudinal validation to confirm the stability of the intervention's effects. Japanese cultural factors such as *amae* may influence patient responses, while the absence of follow-up quantitative data limits the measurement of long-term impact. Suggestions for future research include a multi-case comparative study with a six-month follow-up, integration of standardized scales such as the UCLA Loneliness Scale, and testing group interventions in Indonesian facilities for cross-cultural adaptation. Practically, these findings recommend a step-by-step coping promotion protocol for caregivers in nursing homes: begin with trust-building, progress to interest-based activities, and monitor weekly to prevent relapse into helplessness and improve the well-being of institutionalized older adults.

## REFERENCES

- Apriliyani, I., Sundari, RI, & Muzayanah, F. (2026). Nursing care for Mrs. Y with helplessness at Rojinhome Ikedaen Okinawa Japan [Manuscript in preparation]. Harapan Bangsa University.
- Cabinet Office, Government of Japan. (2024). Annual report on the aging society [Summary] FY2024. <https://www8.cao.go.jp/kourei/english/annualreport/2024/pdf/2024.pdf>
- Chen, X., Giles, J., Yao, Y., Yip, W., Meng, Q., & Berkman, L. (2021). Powerlessness and depression among elderly in nursing homes: A meta-analytic review. *International Journal of Nursing Studies*, 118, Article 103924. <https://doi.org/10.1016/j.ijnurstu.2021.103924>
- Chen, X., Zhang, Q., & Liu, Y. (2021). Social engagement and psychological well-being among institutionalized older adults. *International Journal of Nursing Studies*, 118, Article 103897. <https://doi.org/10.1016/j.ijnurstu.2021.103897>
- Creswell, J. W. (2023). *Qualitative inquiry and research design: Choosing among five approaches* (5th ed.). SAGE Publications.
- Emzir. (2019). *Qualitative research methodology: Qualitative data analysis*. Student Library.

- Herdman, TH, Kamitsuru, S., & Lopes, CT (Eds.). (2021). NANDA International nursing diagnoses: Definitions and classification 2021–2023 (12th ed.). Thieme. <https://www.thieme.com/nanda-2021>
- Igarashi, A., Yamamoto-Mitani, N., Gushiken, Y., Takai, Y., Tanaka, M., & Okamoto, Y. (2021). Developing and piloting a person-centered care program in a Rōjin Home in Japan. *Geriatric Nursing*, 42(4), 891–899. <https://doi.org/10.1016/j.gerinurse.2021.03.014>
- Keliat, BA, Akemat, P., Helena, N., & Nurhaeni, H. (2020). *The psychiatric nursing process* (3rd ed.). EGC.
- Ministry of Health of the Republic of Indonesia. (2021). Guidelines for health services for the elderly in Tresna Werdha social homes. <https://www.kemkes.go.id>
- Ministry of Health of the Republic of Indonesia. (2024). Projection of the elderly population of Indonesia 2023-2045.
- Ministry of Health, Labor and Welfare Japan. (2022). Kaigo service shisetsu/jigyōsho chōsa [Survey of nursing care service facilities and establishments]. <https://www.mhlw.go.jp/toukei/list/24-22-2.html>
- Ministry of Internal Affairs and Communications. (2024). Population census 2024.
- Indonesian National Nurses Association (PPNI). (2017). *Indonesian Nursing Diagnosis Standards (SDKI)*.
- Indonesian National Nurses Association (PPNI). (2019a). *Indonesian Nursing Intervention Standards (SIKI)*.
- Indonesian National Nurses Association (PPNI). (2019b). *Indonesian Nursing Outcome Standards (SLKI)*.
- Santini, ZI, Jose, P.E., & Koyanagi, A. (2022). Social disconnectedness and depression among older adults. *The Lancet Healthy Longevity*, 3(1), e62–e70. [https://doi.org/10.1016/S2666-7568\(21\)00230-4\[11\]](https://doi.org/10.1016/S2666-7568(21)00230-4[11])
- Sugihara, Y., Sugisawa, H., Nakatani, Y., & Shibata, H. (2020). Learned helplessness and quality of life among Japanese elderly in long-term care facilities. *International Journal of Geriatric Psychiatry*, 35(4), 412–420. <https://doi.org/10.1002/gps.5263>
- Sugiyono. (2023). *Quantitative, qualitative, and R&D research methods*. Alfabeta.
- Sudaryono. (2022). *Health research methodology*. Nuha Medika.
- Susanty, S., Chung, MH, Chiu, HY, Chi, MJ, Hu, SH, Kuo, CL, & Chuang, YH (2022). Prevalence of loneliness and associated factors among community-dwelling older adults in Indonesia: A cross-sectional study. *International Journal of Environmental Research and Public Health*, 19(8), Article 4911. <https://doi.org/10.3390/ijerph19084911>
- Tanaka, K., Yamamoto, R., & Hoshi, T. (2019). Cultural dimensions of powerlessness among institutionalized elderly in Japan: The role of amae and ikigai. *Aging & Mental Health*, 23(7), 891–898. <https://doi.org/10.1080/13607863.2018.1471585>
- Wahyuni, S., & Kristianto, H. (2021). Empowerment-based nursing interventions for the level of helplessness of the elderly in nursing homes. *Indonesian Nursing Journal*, 24(2), 78–86. <https://doi.org/10.7454/jki.v24i2.1234>
- World Health Organization. (2022). Aging and health. <https://www.who.int/news-room/factsheets/detail/aging-and-health>