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GERONTIC NURSING CARE FOR ELDERLY PEOPLE WITH RHEUMATOID ARTHRITIS IN ISHIKAWA GANJU NO MORI OKINAWA

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ABSTRACT
Rheumatoid arthritis is a chronic autoimmune disease that often affects the elderly and causes joint pain, stiffness, and decreased physical mobility, thereby affecting quality of life. A qualitative descriptive case study of an 89-year-old elderly person with rheumatoid arthritis at Daiwakai Ishikawa Ganju No Mori on April 2 to 4, 2025. Nursing care was provided comprehensively through the process of assessment, diagnosis, intervention planning based on SIKI, implementation, and evaluation. The main diagnoses that emerged were chronic pain and physical mobility impairment. Interventions focused on pain management and non-pharmacological mobilization support such as rheumatic exercises. After three days of intervention, there was a reduction in pain and an improvement in physical mobility. Discussion: Patients showed significant improvement, with pain levels decreasing from a scale of 6 to a scale of 3 and limbs able to move more freely. Structured pain management and mobility support effectively reduced pain, improved physical function, and supported the quality of life of elderly people with rheumathoid arthritis.

Keywords: eldery; rheumathoid arthritis; rheumatic exercise

INTRODUCTION
A common bone disease among the elderly is rheumatoid arthritis. Rheumatoid arthritis is a chronic autoimmune disorder characterized by joint inflammation in which the immune system attacks its own tissues. Elderly people with rheumatoid arthritis usually experience pain and stiffness, especially in the morning. Although this disease is not directly fatal, rheumatoid arthritis that is not treated properly can cause joint inflammation, joint deformities, decreased walking ability, and even permanent abnormalities. Daily activities can also be disrupted due to the pain felt (Adriani, 2022). Globally, including in developed countries such as Japan, rheumatoid arthritis is still a significant health problem. The prevalence of people suffering from rheumatoid arthritis in the population over the age of 16 is around 0.65% with the number of patients reaching 825,700 people, and the highest rate is found in the 70-79 age group at 1.63% (Nakajima et al., 2020). In addition, a national survey in 2016 also estimated the number of rheumatoid arthritis patients to be around 822,000 people with a prevalence of 0.75% (Kojima et al., 2019). These data show that rheumatoid arthritis in Japan is generally experienced by the elderly and tends to occur more in women.

One case that is the focus of this paper is Mrs. YT, an 89-year-old elderly woman who is undergoing treatment at Daiwakai Ishikawa Ganju No Mori Okinawa. Based on the assessment, Mrs. YT experiences severe pain in her finger joints, especially at night, as well as limitations in performing daily activities such as bathing, dressing, and going to the toilet. This condition has resulted in impaired mobility due to persistent pain. Mrs. YT's case demonstrates how rheumatoid arthritis can cause mobility impairment and reduce quality of life. Therefore, planned, comprehensive, and continuous nursing care is required.
Based on the Indonesian Nursing Diagnosis Standards (SDKI), several nursing diagnoses established in Ms. YT's case are chronic pain associated with joint inflammation and physical mobility impairment associated with musculoskeletal disorders. These diagnoses indicate that nursing care for patients with rheumatoid arthritis, such as Ms. YT, needs to be carried out holistically to maintain the patient's function and quality of life. Therefore, this scientific paper will discuss nursing interventions that focus on pain

management and mobility support as an effort to improve the independence and well-being of elderly people with rheumatoid arthritis.

METHOD

The subject used in this study was an 89-year-old patient with rheumatoid arthritis. This case study used a qualitative descriptive approach that aimed to describe in depth the nursing care of elderly people with rheumatoid arthritis through the application of non-pharmacological interventions. This case study was conducted at Daiwakai Ishikawa Ganju No Mori Medical Company in Okinawa, Japan, during three meetings from April 2, 2025, to April 4, 2025, starting at 9:00 a.m. until completion.

RESULT AND DISCUSSION

The results of this case study were obtained through the application of nursing care for elderly people with rheumatoid arthritis at Daiwakai Ishikawa Ganju no Mori Okinawa. Nursing care focused on pain management interventions and non-pharmacological mobilization support, one of which was rheumatic exercises given regularly for three days. The assessment was conducted comprehensively, covering objective data, subjective data, medical history, TTV (vital signs), psychosocial and spiritual aspects, as well as the Kats Index and Barthel Index assessments to evaluate the patient's ability in daily life. Based on the assessment results, the main nursing diagnosis was chronic pain related to chronic musculoskeletal conditions, as evidenced by rheumatoid arthritis, and the diagnosis of physical mobility impairment related to musculoskeletal disorders, as evidenced by limited movement in the extremities. Pain management and mobility support interventions with non-pharmacological therapies such as rheumatic exercises were carried out for three days, assisted by nurses. After the intervention, daily evaluations showed a decrease in pain levels and an increase in physical mobility. It can be concluded that pain management interventions and mobility support with non-pharmacological therapies such as rheumatic exercises are effective in reducing pain levels and improving physical mobility in elderly people with rheumatoid arthritis.

This chapter provides a comprehensive discussion of the nursing care provided to Ms. YT, an 89-year-old elderly woman with rheumatoid arthritis at Daiwakai Ishikawa Ganju No Mori, Okinawa. The approach used aims to provide a comprehensive overview of non-pharmacological interventions in treating rheumatoid arthritis in the elderly. The analysis is organized based on the stages of the nursing process, including assessment, diagnosis, intervention, implementation, and evaluation.

Assesment

During the assessment phase, it was found that Mrs. YT, who has rheumatoid arthritis, complained of pain in the fingers of both hands, which felt sore and throbbing, and the pain worsened during activity. This complaint was mainly felt at night. The pain scale was rated at 6 (moderate pain). Vital sign examination results showed blood pressure: 132/64 mmHg, pulse: 94 beats per minute, temperature: 36.5°C, and SpO2 95%. These findings are consistent with Hartoyo's (2024) research, which states that the signs and symptoms of rheumatoid arthritis include joint pain and swelling, joint stiffness, warmth, and redness in the joints. Patients also experience joint dysfunction, preventing the joints from functioning normally. These symptoms generally arise when patients wake up in the morning. According to Ardiansyah's theory (2025), individuals with rheumatoid arthritis will exhibit signs and symptoms such as joint pain and stiffness, especially after waking up in the morning, joint swelling, limited movement, and warm joints. Therefore, based on the actual case, the signs and symptoms found by the author are in line with the theory, but there are some signs and symptoms that differ from the views of Hartoyo (2024) and Ardiansyah (2025) on this matter. This is because there are some signs and symptoms

in the theory that were not found in the case, such as joint swelling, warmth, redness, and hot joints. The complaints usually occur after waking up in the morning. Thus, the assessment of Mrs. YT shows consistency between the clinical facts and the existing theory.

Nursing Diagnosis

Based on the results of the assessment conducted on Mrs. YT, the author established several nursing diagnoses for patients with rheumatoid arthritis. The main diagnosis is chronic pain associated with chronic musculoskeletal conditions due to rheumatoid arthritis. A diagnosis of physical mobility impairment associated with musculoskeletal disorders was also found, as evidenced by complaints of difficulty moving the extremities. This diagnosis is in accordance with the Indonesian Nursing Diagnosis Standards (SDKI), which explain that rheumatoid arthritis is often a major problem in the elderly that can cause problems such as pain and physical mobility impairment. Thus, the diagnosis established for Mrs. YT is in accordance with theory and reflects the patient's actual condition.

Nursing Intervention

After identifying a nursing problem, goals and desired outcome standards are set based on the Indonesian Nursing Outcome Standards (SLKI). Pain reduction is expected with the following criteria: decreased pain complaints, decreased grimacing, and decreased restlessness. Furthermore, physical mobility is expected to increase with the following criteria: increased limb movement, improved Kats index, improved Barthel index, and increased ability to complete activities. Based on the nursing intervention criteria established by the Indonesian Nursing Intervention Standards, the author conducted nursing interventions for cases of chronic pain and physical mobility disorders with a focus on pain management and mobility support. The interventions carried out included: identifying the location, characteristics, duration, frequency, quality, and intensity of pain; assessing the severity of pain using an appropriate scale; identifying factors that aggravate and alleviate pain; providing non-pharmacological pain relief techniques, such as rheumatic exercises; facilitating rest and sleep; and controlling the environment that aggravates pain. So, in conclusion, there is no gap between theory and client care. Interventions are in accordance with the guidelines of the Indonesian Nursing Diagnosis Standards (SDKI), Indonesian Nursing Outcomes Standards (SLKI), and comply with the Indonesian Nursing Intervention Standards (SIKI).

Nursing Implementation

The nursing care for Mrs. YT, who had rheumatoid arthritis with a diagnosis of chronic pain and physical mobility impairment, was implemented for three consecutive days, from April 2 to April 4, 2025. On the first day, the intervention focused on a comprehensive assessment of the characteristics of pain, including the location of pain in the fingers, the quality of pain in the form of a burning and throbbing sensation, an intensity of 6 on the scale, and the duration of pain, which was intermittent for 10-15 minutes and increased at night. Identifying the environment to minimize factors that exacerbate pain, providing education on non-pharmacological techniques such as rheumatic exercises, and assisting patients in their implementation. The patient was then facilitated to rest after activities. The presence of other physical complaints, such as joint stiffness, was inquired about. The response after the intervention showed that the pain scale decreased to 5, but the patient still required full assistance in moving and appeared uncomfortable due to enduring the pain.

On the second day, the results of the reassessment showed a decrease in pain intensity to a scale of 5. The patient showed an increase in activity tolerance, as seen in their ability to perform several rheumatic exercises with minimal assistance, although still done cautiously. The intervention provided was the

same as the positive response, namely a reduction in joint pain complaints and increased comfort when moving. After conducting a pain scale evaluation, it showed that the pain had decreased to a level of 4, and the patient was no longer restless, but the intervention had to be continued because the pain was still present. On the third day, the patient's condition showed significant improvement. Pain intensity decreased to a level of 3, with a duration of 45 minutes, and the patient did not experience increased pain at night. The patient was able to perform rheumatic exercises without assistance and did not feel tired or sore after the activity.

Regular physical exercise through rheumatic gymnastics can reduce pain by improving blood circulation, reducing inflammation, and increasing the production of endorphins, which are natural substances that reduce pain. Rheumatic gymnastics can also help maintain and improve the range of motion of joints affected by rheumatoid arthritis, allowing daily activities to be carried out comfortably (Sumarsih, 2023). Based on research conducted by Badjeber (2023), this can be seen from the fact that before doing rheumatic exercises, the pain level was at a scale of 4 (moderate pain), but after doing rheumatic exercises for three days, the pain level decreased to a scale of 2 (mild pain). These findings show that rheumatic exercise intervention can reduce pain levels. This study is also in line with research conducted by Harahap (2022), which found that rheumatic exercises have an effect on stiffness and difficulty in moving joints. The intervention was carried out for three days. On the first day, patients experienced joint stiffness, but by the third day of the intervention, patients were able to move their joints and the stiffness had decreased. Based on research related to the problems experienced by Ms. YT, it can be concluded that there is no difference between theory and implementation.

Nursing Evaluation

The results of the evaluation of Ms. YT's case study showed that on the first day, her pain level was at a scale of 6 (moderate pain), the pain increased at night, she experienced joint stiffness, and needed assistance when moving. After various interventions, including rheumatic exercises for three days, the pain level decreased to a scale of 3 (mild pain), and the patient was able to move her limbs freely.

CONCLUSION

The assessment of Mrs. YT with Rheumatoid Arthritis revealed that the patient experienced pain with a scale of 6 (moderate pain), the pain increased at night, was felt in the fingers, and was sharp and throbbing. She experienced stiffness in the joints and difficulty moving her limbs. Based on the assessment conducted on Mrs. YT using the Indonesian Nursing Diagnosis Standards (SDKI), the diagnoses of Chronic Pain and Physical Mobility Impairment were established. The nursing intervention plan was carried out in accordance with the Indonesian Nursing Intervention Standards (SIKI), focusing on pain management and mobility support. The planned interventions include assessing the patient's pain, identifying any pain or other complaints, providing education, and assisting the patient with non-pharmacological interventions such as rheumatic exercises, facilitating rest and sleep, identifying physical tolerance, and evaluating the pain scale. Nursing implementation is carried out based on interventions that have been planned according to the patient's condition. Implementation for the diagnosis of chronic pain in patients includes assessing the patient's pain, identifying the presence of pain or other complaints, providing education, and helping patients perform non-pharmacological interventions such as rheumatic exercises, facilitating rest and sleep, and evaluating the pain scale. Implementation for the diagnosis of physical mobility disorders involves identifying the presence of pain or other physical complaints, assisting patients in performing non-pharmacological interventions, and identifying physical tolerance. The results of the nursing evaluation in Ms. YT's case showed a decrease in pain levels, marked by an initial assessment of a pain scale of 6 (moderate pain), which decreased to

a pain scale of 3 (mild pain) after implementation. Thus, the specific objectives of the case study, which included assessment, diagnosis, intervention planning, implementation, and evaluation, were successfully achieved.

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