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Implementation of Discussion Actions on the Advantages and Disadvantages of Interacting with Others in Patients with Social Isolation in the Antareja Room of Dr. H. Marzoeqi Mahdi Hospital, Bogor

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Abstract

Social isolation is a condition where a person experiences or is unable to interact with other people around them. Signs and symptoms in patients with social isolation are characterized by signs of flat affect, sad affect, no enthusiasm/lethargy, no eye contact, no interest/refusing to interact with other people or the environment, withdrawing, feeling unsafe in public places, feeling preoccupied with their own thoughts. The purpose of implementing strategy 1 is to improve the ability to interact. Patients with social isolation need to be treated immediately because if not treated it can affect the entire patient system, especially the family and environment. The method in this case study is by describing the results of implementing discussion actions about the advantages and disadvantages of interacting with others. The interventions carried out were identifying the causes of social isolation and discussing with patients the advantages and disadvantages of interacting with others which were carried out for 3 days. The results of this case study showed that the implementation of strategy 1 could be resolved on the 3rd day. Based on the case study, it was found that the action of discussing the advantages and disadvantages of interacting with others is a good action to take for patients with social isolation because it can improve the ability to interact with others.

Keywords: Social Isolation; Mental Health Nursing; Patient System; Eye Contact

Introduction

Mental disorders are disorders that occur in the brain that are characterized by disturbances in behavior, thought processes, emotions and perceptions (Apriliana & Nafiah, 2021). Mental disorders are conditions in which a person experiences disturbances in actions, thoughts and feelings that cause changes in behavior that inhibit the ability to carry out daily life

The causes of mental disorders can be influenced by several factors, namely somatic factors, psychological factors, socio-cultural factors, hereditary factors, constitutional factors, stress, drug abuse and congenital defects. Signs and symptoms of

mental disorders are cognitive disorders, attention disorders, memory disorders, association disorders, judgment disorders, thought disorders, consciousness disorders, will disorders, emotional and affective disorders, and psychomotor disorders (Apriliana & Nafiah, 2021).

According to WHO data (2019), the prevalence of mental disorders worldwide in 2019 was around 970 people or around 1 in 8 people diagnosed with mental disorders and the most common are anxiety disorders and depression. Based on data from the Ministry of Health in Indonesia, around 315,621 households have family members diagnosed with schizophrenia and 630,827

people who experience depression at the age of 15 years (Alfonsa Batmanlussy, 2021).

One of the severe chronic mental disorders is schizophrenia (Silvia Dewi, 2020). Schizophrenia is a severe mental disorder that is unable to recognize realistically and loss of self-awareness or unable to assess oneself or measure one's own strengths and weaknesses (Rosiana Mashitoh et al., 2020). Schizophrenia is a chronic and severe brain disease that affects a person's thoughts, feelings, and behavior.

Schizophrenia is characterized by positive symptoms such as hallucinations, delusions, formal thought disorders. One of the negative symptoms in someone with schizophrenia is social isolation (Adri Santosa & Nurahman, 2020). Social isolation is a condition where a person experiences or is unable to interact with other people around them. A person with social isolation may feel rejected, not accepted, lonely and unable to build meaningful relationships with others. Social isolation is an effort by sufferers to avoid interacting with others (Putri & Pardede, 2020).

The causes of social isolation consist of several factors, namely biological, psychological, and sociocultural factors. Biological factors, namely genetic factors, can support maladaptive social responses. There is previous evidence of the involvement of neurotransmitters in the development of this disorder, but further research is still needed. Psychological factors, namely physical conditions such as nutritional status, physical health, disability factors, greatly influence a person's assessment of predisposing and precipitating stressors.

While sociocultural factors are in building relationships with others, for example family members who are unproductive and isolated by others. Clients who experience social isolation are

characterized by symptoms of flat affect, sad affect, no enthusiasm/lethargy, no eye contact, no interest/refusing to interact with other people or the environment, withdrawing, feeling unsafe in public places, feeling preoccupied with their own thoughts (Piana et al., 2021).

Nursing actions to improve socialization skills in clients are by implementing implementation strategies (SP) on patients, family therapy (Family SP) and conducting group activity therapy (TAK) to train patients to get to know other people (Isti et al., 2018). Researcher Wiyati (2010) found that patients suffering from social isolation disorders need to be treated immediately because if left untreated it can affect the entire client system, especially the family and social environment (Yasin et al., 2021).

According to WHO data, there are around 300 million people affected by depression, bipolar, dementia, and schizophrenia with a total of 24 million. the most common symptom of schizophrenia patients as a result of cognitive affective damage to patients is social isolation. Based on data obtained from the Indonesian Ministry of Health (2019), the prevalence rate of Indonesian people experiencing phrenia in 2018 reached 400,000 people or 1.7 per 1,000 population. According to Maramis (2012), 72% of patients with mental disorders experience social isolation.

Based on the data obtained by the author from the results of the Medical Record recording in the Antareja Room of Dr. H. Marzoeki Mahdi Hospital, Bogor on March 6, 2024, recapitulation data was obtained for 3 months with results in December 2023 to February 2024 with results in December 2023 0.58%, decreased by 0.08% in January 2024 0.5% and increased by 0.28% in February 2024 0.78%. From the data obtained by the author, social isolation increased in January and February

quantitative method type was used with a case study approach. Descriptive quantitative is a method that aims to create

Method

In conducting this case study, a

a picture or description of a situation objectively using numbers, starting from data collection, interpretation of the data, and the appearance and results. This case study uses implementation strategy 1 which is carried out with the patient's mutual agreement and is carried out for 15 minutes.

Results and Discussion

Data Analysis

Subjective data

The patient said he was lazy to chat with other people, the patient said he did not trust other people, the patient said he preferred to be alone. Objective data: The patient seemed isolated, the patient seemed daydreaming, the patient's attention seemed to change quickly from one object to another, the patient seemed to have no eye contact, the patient seemed silent, the patient seemed confused. Nursing Problems: Social Isolation. Subjective data: The patient said that while being treated in the hospital, the patient felt that he was not playing a role as a husband because he could not work, the patient said he felt insecure, the patient said he felt ashamed of people.

Objective data

The patient seemed to speak slowly with a weak tone of voice, the patient seemed embarrassed. Nursing Problems: Low Self-Esteem. Subjective data: The patient said he had a history of auditory hallucinations with indications that the patient heard voices or whispers. Objective data: The patient did not show any signs of hallucinations. Nursing Problem: Hallucinations (Auditory).

Nursing Intervention

1. Implementation Strategy (SP) 1

Identify the causes of social isolation, discuss with the patient the advantages of interacting with others, discuss with the patient the disadvantages of not interacting with others, teach the patient how to get to know one person, and encourage the patient to include conversation practice activities with others in daily activities.

2. Implementation Strategy (SP) 2

Evaluate the patient's daily activity schedule, provide an opportunity for the patient to practice how to get to know one person, and help the patient include chatting with other people as one of the daily activities.

3. Implementation Strategy (SP) 3

Evaluate the patient's daily activity schedule, provide an opportunity for the patient to get to know two or more people, encourage the patient to include it in the patient's daily schedule.

Nursing Implementation and Evaluation

Development notes on day 1, February 27, 2024. The author conducted an assessment of Mr. I. Then the author greeted the patient, conveyed the purpose of the chat to the patient, introduced himself and asked the patient's full name and preferred nickname. The patient answered the greeting and said his name was Mr. I and lived in Depok.

Then the author asked how he slept last night, whether he slept well or not, the patient answered that he didn't sleep well, then the patient said he was lazy to chat with other people and said he wanted to go home. There are several symptoms of social isolation in the patient. The patient appeared to be alone, the patient did not make eye contact, and the patient appeared to be daydreaming. The patient could not be assessed because the patient did not want to talk anymore and avoided. The author ended the conversation and made a schedule to talk the next day.

Social isolation still exists, the next step will be to identify the causes of social isolation in the client and discuss the advantages and disadvantages of getting to know other people on February 28, 2024. Progress notes on day 2 on February 28, 2024, according to the previous program contract. The author greeted the client by asking how they were, the quality of sleep and complaints today, the client did not answer the greeting, the client seemed to avoid and said he wanted to be alone and did not want to chat with other people. The client seemed to be distancing himself from

the nurse and the people around him and the client seemed to be alone.

The author said he would talk again during the day, the client responded by saying he did not want to and only wanted to be alone. On the 2nd day, the client seemed silent and did not want to interact with other people. This morning the client witnessed his friend fighting, suddenly the client was silent and alone after witnessing the fight. During the day, the author greeted the client again and invited the client to chat for about 5 minutes. The client's response was that he still wanted to be alone and that the conversation would be held tomorrow.

The author has persuaded 2 times and the client's response is still the same, then the author made an appointment with the client to talk the next day and the client said he wanted to talk the next day in the front room. Social isolation still exists. Next, an exercise will be carried out to identify the causes of social isolation in clients and discuss with clients about the advantages and disadvantages of interacting with others on February 29, 2024.

Day 3, February 29, 2024, according to the previous program contract. The author greeted the client by asking how they were, the client said they were fine. The author asked how they slept last night and if there were any complaints today, the client answered that they slept well and had no complaints. Then the author asked if they still remembered him, the client answered that they still remembered and mentioned the author's name. The author asked what caused the client's social isolation, the client said that he felt stressed and tired because his mother always told him to do things.

Then the author asked what the advantages and disadvantages of interacting with others were, the client mentioned the advantages of interacting with others, namely being able to have many friends and not being alone and the disadvantages of not interacting with others, namely being lonely, having no friends, and being alone. The client can answer the causes of social isolation and can mention the advantages

and disadvantages of interacting with others. The client's mood on the 3rd day is better because the client has received direction, the client can keep his promise yesterday.

Then the author recommends the client to get acquainted with one person and asks the client to do the introduction method. The client can do the introduction method by shaking hands, stating their name, place of residence and hobbies. Then the author asks another nurse as the person who will get acquainted with the client and the client's response is that he shakes the hand of another nurse by stating his name, place of residence and hobbies. On the 3rd day the patient can do SP 1. From the implementation of nursing that the author has implemented for 3 days, the results obtained Mr. I can apply SP 1 on the 3rd day, in line with research conducted by) on clients with social isolation can apply SP 1 on the 3rd day.

Conclusion

The implementation of nursing is carried out in accordance with the interventions that have been prepared for clients with social isolation. The author carries out nursing actions to discuss with the client about the advantages and disadvantages of interacting with others. The evaluation obtained after implementing the discussion action on the advantages and disadvantages of interacting with other people in patients with resolved social isolation on the 3rd day, the client was able to mention the advantages and disadvantages of interacting with other people.

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