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NURSING CARE FOR SOCIAL ISOLATION: WITHDRAWAL IN Mr. S WITH A FOCUS ON SOCIALIZATION THERAPY AT DR. RM. SOEDJARWADI KLATEN REGIONAL PSYCHIATRIC HOSPITAL

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Abstract

Background: Social isolation is a condition in which individuals feel lonely. This condition is often caused by a lack of interaction with others and reflects a negative and threatening situation. Therefore, nursing interventions are needed to reduce symptoms of social isolation and increase the interest in initiating interactions, one of which is through introduction training. Introduction training is an activity designed to develop an individual's ability to initiate and maintain conversations, as well as to get to know others with the aim of building positive social relationships. Objective: This study aims to describe nursing care for social isolation disorder: withdrawal, with a focus on the intervention of introduction training. Method: This study used a descriptive method with a case study approach. Results: After three days of nursing interventions, the symptoms of social isolation: withdrawal were reduced, and the patient was able to introduce himself. Conclusion: Nursing care for social isolation: withdrawal, focusing on the introduction training intervention over three days, proved to be highly effective for patients with social isolation: withdrawal and can help reduce the associated symptoms.

Keywords: Nursing Care, Social Isolation: Withdrawal, Introduction Training.

Abstract

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1. INTRODUCTION

Mental health is a state of emotional, mental, and social well-being characterized by emotional stability, positive self-image, efficient behavior and coping mechanisms, and satisfying interpersonal relationships. Mental disorders are conditions that affect an individual's development and behavior, often resulting from emotional distortions that lead to abnormal behavior (Imelisa et al., 2021). More specifically, mental disorders are conditions that impact brain function, marked by disturbances in emotions, thought processes, behavior, and sensory perception (Junita, 2021).

According to the World Health Organization (WHO), the pattern of mental illness has changed over the past 30 years (1990-2017). The data shows that approximately 35 million people suffer from depression, 60 million from bipolar disorder, 21 million from schizophrenia, and 47.5 million from dementia. These numbers illustrate the high prevalence of mental health issues worldwide.

The Indonesian Ministry of Health's 2018 Basic Health Research (Riskesdas) reported an increase in the number of people with schizophrenia each year. In 2018, about 7 out of every 1,000 families in Indonesia had a member with schizophrenia, representing a threefold increase compared to five years prior. Bali and Yogyakarta had the highest rates, at 11.1 and 10.4 per thousand, respectively, while Riau had the lowest rate at 2.8 per thousand. In Central Java, the prevalence of schizophrenia was significant, reaching 2.3 per thousand of the population, with Klaten Regency having a prevalence of 14.3% among its residents.

Schizophrenia is a group of mental illnesses that encompass various personality disorders, typically characterized by changes in thinking, behavior, and interaction with one's environment. It is a psychotic reaction that can significantly affect an individual's thought processes, communication, emotional expression, and behavior. Schizophrenia is a brain disorder marked by uncontrolled thoughts, delusions, hallucinations, and unusual behavior. Symptoms often begin to appear during adolescence or young adulthood and may be chronic and persistent. Stressors such as family or work-related problems, financial issues, and emotional development can contribute to the onset of the condition (Pradana & Rahmasari, 2020).

One of the symptoms experienced by individuals with schizophrenia is social withdrawal or isolation, which is a negative symptom. Social isolation is a condition of loneliness resulting from feelings of rejection, lack of acceptance, and an inability to form meaningful relationships with others. Individuals with social isolation may experience difficulty or feel that they are experiencing difficulty in building relationships, even with people they consider important.

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They tend to become isolated from others, prefer to be alone, and avoid interactions with others in daily activities that require socialization (Damanik et al., 2020).

If left untreated, social isolation can lead to further behavioral problems, sensory disturbances, hallucinations, and an abnormal brain state that increases the risk of harm to oneself or others (Wiyati et al., 2020).

To address social isolation in patients, introducing therapy can be an effective approach. Introducing therapy helps patients gradually build socialization skills, starting with self-introduction, asking for names, and inquiring about others' addresses. When introductions are successfully established, it opens up more opportunities for patients to develop social interactions with others, which can help them maintain and continue socializing in the long run (Piana et al., 2021).

This introduction method aligns with the approach applied by Yasin, A., et al. (2021) in their study titled "Management of Nursing Care for Social Isolation: Withdrawal and Introduction Therapy at Dr. Amino Gondohutomo Regional Mental Hospital." The results showed that the introduction method can be an effective therapy in addressing social isolation in patients with schizophrenia. After receiving nursing care for three days involving introduction exercises, patients were able to communicate better.

The use of this strategy is also supported by research conducted by Pombaile, N.P.Z., et al. (2023) with the title "Application of Introduction Therapy in Overcoming Social Isolation Symptoms in Schizophrenia Patients." The results indicated that introduction therapy is effective in reducing symptoms experienced by patients with social isolation.

According to data from Dr. RM. Soedjarwadi Klaten Regional Mental Hospital, in September 2024, out of 339 inpatients, the most common nursing issue was hallucinations, accounting for 57%. This was followed by violent behavior (28%), withdrawal or social isolation (8%), self-care deficit (4%), and no cases of low self-esteem were detected (Medical Records of Dr. RM. Soedjarwadi Regional Mental Hospital, 2021).

Based on observations at Dr. RM. Soedjarwadi Klaten Regional Mental Hospital, particularly in the Geranium ward, patients with social isolation issues were found to be non-interactive with others. According to Yusuf and Fitryasari (2019), this is due to limited interaction and family support during hospitalization. Symptoms such as lack of interest in participating in ward activities, a gloomy facial expression, and limited eye contact during communication are common in patients with social isolation.

Patients typically undergo group activity therapy daily, where they are required to participate with several fellow patients in the ward. However, the author observed that this method may be less effective due to the large number of participants, making it difficult to ensure that each patient is actively contributing to the activities.

Based on the above description, the author is interested in developing a scientific paper on nursing care for social isolation: withdrawal in patients, with a focus on introduction therapy at Dr. RM. Soedjarwadi Klaten Regional Mental Hospital.

2. RESEARCH METHOD

The method used in this study is descriptive and employs a case study approach. In this research, an in-depth analysis was conducted through a case study that includes assessment,

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data analysis, nursing diagnosis, intervention, and evaluation of a specific case (Permani et al., 2023).

3. RESULTS AND DISCUSSION

A. RESULTS

On August 23, 1953, one of the mental hospitals in Klaten, Central Java, was established, namely RSJD Dr. RM. Soedjarwadi. This hospital is owned by the Central Java Provincial Government and is classified as a specialized mental hospital. Previously, RSJD Dr. RM. Soedjarwadi Klaten was a Colony for the Mentally Ill (KOSJ), where since 1972, the colony's function has been converted to a hospital with outpatient services once a week, and the shelter function has been developed to remain at the hospital.

On November 2, 2000, the name of the Klaten Mental Hospital was legally changed to RS Jiwa Dr. RM. Soedjarwadi Klaten, located at Jl. Ki Pandanaran No. KM. 02, Senden, Danguran, Kec. Klaten Sel., Klaten Regency, Central Java 57426.

The hospital's vision is based on the goals of the Central Java Provincial Government, which is "Central Java that is increasingly Prosperous and Sustainable". Based on this vision, RSJD Dr. RM. Soedjarwadi Klaten aims to become the First Choice Mental Hospital with Complete, High-Quality, and Up-to-Date Services. The mission of this hospital is "Improving the Quality of Human Resources that are Competitive, Character-Driven, and Adaptive".

B. Discussion

In this case study, the author examined the nursing care for patients with social isolation disorder: withdrawal, with a focus on introduction therapy at RSJD Dr. RM Soedjarwadi Klaten, which included assessment, diagnosis, intervention, implementation, and evaluation. Based on the assessment results, the respondent had social isolation issues. The respondent received nursing care for 3 days with 6 meetings on December 18, 19, and 20, 2024.

1. Assessment

The results of the assessment showed that the patient, Mr. S, a 65-year-old male, was admitted to the Geranium room at RSJD Dr. RM Soedjarwadi Klaten on December 10, 2024. The patient was brought by his family with complaints of irritability, kicking doors, and throwing food, and refusing to interact with anyone. After the symptoms appeared, the family handled the patient by locking him up at home, but the patient's condition did not improve, so he was brought to the hospital.

The assessment data showed subjective and objective data. Subjective data revealed that Mr. S felt rejected by his community and lacked motivation to socialize. Objective data showed that the patient avoided eye contact, appeared unenthusiastic, and tended to isolate himself. The patient's activities had decreased, and he had difficulty initiating conversations.

The data obtained were consistent with the theory proposed by Astuti (2020), which stated that subjective data included feelings of rejection, uselessness, insecurity, and doubt

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about life. The patient's behavior, such as being silent, refusing to speak, and avoiding activities, was also consistent with the theory.

The patient's medical history showed that he had been hospitalized twice before, on May 3, 2024, and December 10, 2024. The previous treatment was unsuccessful due to the patient's non-adherence to medication. One of the factors that can trigger relapse is stopping medication without a doctor's permission, which can lead to the return of positive and negative symptoms of schizophrenia. Antipsychotic medication helps to block the reuptake of dopamine neurotransmitters, thereby restoring balance (Astuti et al., 2017).

2. Nursing Diagnosis

According to Ainun (2019), nursing diagnosis is a way to formulate problems related to reactions to diseases experienced by individuals, families, or communities through the process of collecting information in the form of pathophysiological signs and symptoms that the patient is experiencing. In the process of developing nursing care, the author was able to establish a nursing diagnosis for patient Mr. S, which revealed nursing problems in the form of social isolation: withdrawal, low self-esteem, and risk of violent behavior. This is consistent with the theory proposed by Sukaesti (2019).

3. Nursing Care Plan

According to Herefa (2019), nursing care planning is the process of developing a strategy for nursing actions to be implemented by nurses to patients to address existing problems in accordance with the nursing process stages. The nursing care plan for patients with social isolation diagnosis, according to SAK (2016), includes providing interventions in the form of implementation strategies aimed at meeting general objectives (TUM) and specific objectives (TUK). The plan used to overcome the nursing problem of social isolation: withdrawal is 3 SP (Standardized Patient) sessions.

SP 1: Building Trust and Introduction

- Establish a therapeutic communication with the patient to build trust.
- Ask about the patient's feelings and identify the causes of social isolation.
- Discuss the benefits of communication and the drawbacks of not interacting with others.
- Introduce the patient to one person (the nurse) if they are too shy to interact with others.
- Encourage the patient to schedule social activities in their daily routine.

SP 2: Practicing Introduction with One Person

- Evaluate the patient's daily schedule and practice introducing themselves to one person.
- Provide opportunities for the patient to practice introducing themselves to one person.
- Encourage the patient to record their activities in their daily schedule.

According to Azizah (2016), practicing introduction with one person can gradually improve the patient's social interaction.

Encourage the patient to record their activities in their SP 3: Practicing Introduction with Two or More People

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- Evaluate the patient's daily schedule and practice introducing themselves to two or more people.
- Provide opportunities for the patient to practice introducing themselves to two or more people.
- daily schedule.

According to Azizah (2016), practicing introduction with two or more people can further improve the patient's social skills and enable them to interact with many people effectively.

4. Nursing Implementation

Implementation refers to the actual actions that involve the nursing plan that has been previously established by the author. Implementation is a method used by the author to help patients achieve a good health status from the health problems they are experiencing (Dhesyana, 2023). The author implemented the plan for 3 days, starting on December 18, 2024, followed by December 19, 2024, and December 20, 2024.

Day 1: SP 1

On the first day, the author established a therapeutic communication with Mr. S to build trust. The author asked about Mr. S's feelings and gave him the opportunity to identify the factors that caused his social isolation. The author also discussed the benefits of communication and the negative impacts of not interacting with others. Additionally, the author taught Mr. S how to introduce himself to one person, specifically the nurse, if he was too shy to interact with others. The author encouraged Mr. S to include the activity in his daily schedule.

During the implementation, Mr. S was able to recognize social isolation and understand the benefits and drawbacks of interacting with others. However, he was not yet able to practice introducing himself to the nurse. This is consistent with Widdyasih's (2019) research, which states that individuals with social isolation require time, effort, and perseverance to achieve their goals.

Day 2: SP 2

On the second day, the author evaluated Mr. S's daily schedule and practiced introducing himself to one person, specifically the nurse. The author gave Mr. S the opportunity to practice and encouraged him to include the activity in his daily schedule.

Day 3: SP 3

On the third day, the author evaluated Mr. S's daily schedule and practiced introducing himself to two or more people. After completing the exercise, Mr. S was able to implement the activities and include them in his daily schedule. At this point, Mr. S was able to effectively implement the nursing plan for social isolation.

5.Evaluation

Nursing evaluation is the process of assessing changes in the patient's condition based on observations made, referring to the goals and criteria that have been established in the planning phase. The goal of nursing evaluation is to make changes to the nursing care plan, continue the nursing care plan, and assess whether the established goals have been achieved or not, assess the patient's ability to achieve the goals, and analyze the factors that hinder the achievement of the nursing care goals (Purba, 2019).

After implementing nursing care for three days, the author conducted an evaluation at the end of each session. On the first day, the evaluation showed that Mr. S was able to establish a

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trusting relationship with the nurse and was willing to be interviewed. He was able to express his problems, identify the causes of social isolation, and understand the benefits and drawbacks of interacting with others. However, he was not yet able to practice introducing himself to the nurse.

On the second day, the evaluation showed that Mr. S was able to practice introducing himself to one person and interact with others, but only when others initiated the interaction. He appeared calmer but still tended to withdraw from crowds.

On the third day, the evaluation showed that the signs and symptoms of social isolation had decreased. Mr. S still appeared to be somewhat withdrawn, but his eye contact had improved, and there was an increase in his interaction with others. During the additional therapeutic activity (TAK), Mr. S was able to follow the instructions well and achieved the goal of introducing himself by stating his name, nickname, address, and hobbies.

The evaluation was conducted to assess the goals that had been achieved and to identify the next steps in the nursing care plan. After evaluating the nursing care actions, it was found that Mr. S's social isolation symptoms had decreased. This was evident from his response, which was less withdrawn, improved eye contact, and increased interaction with others. The nursing care actions for Mr. S's social isolation were considered effective, and the problem was resolved.

The ability to interact requires practice and approach, as communicating with patients who experience social isolation requires a lot of energy, time, and patience, which can affect the success or failure of the communication process with them. On the other hand, a nurse must also have a high sense of responsibility, good morals, and be based on a caring and compassionate attitude in supporting clients who experience social isolation (Widdyasih, 2019).

4. CONCLUSION

The conclusion of this case study is that nursing care for social isolation disorder: withdrawal in Mr. S was effectively implemented with a focus on introduction therapy to improve social skills at Dr. RM. Soedjarwadi Klaten Regional Mental Hospital.
The study's findings can be summarized as follows:

1) The assessment results showed that Mr. S experienced social isolation with symptoms such as withdrawal, lack of motivation to interact, poor eye contact, avoidance of crowds, and difficulty initiating conversations, which is consistent with the theory.
2) The nursing diagnosis identified in this case study was social isolation: withdrawal as the core problem, with low self-esteem as a contributing factor and risk of violent behavior as a potential effect, which is supported by the theory.
3) The nursing intervention implemented was consistent with the theory, prioritizing the nursing diagnosis of social isolation: withdrawal with a focus on introduction therapy (SP 1-3).
4) The implementation of the nursing care plan was carried out over 3 days, using SP 1-3 introduction therapy, which is in line with the theory of implementing nursing actions based on the patient's needs and condition.

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5) The evaluation conducted after 3 days of nursing care showed that Mr. S was able to gradually improve his social skills, starting with introducing himself to one person and eventually to two people.

Overall, the study suggests that introduction therapy can be an effective intervention for patients with social isolation disorder, and that nursing care can play a crucial role in helping patients improve their social skills and reduce symptoms of isolation.

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