



## Improving Interaction Ability In Social Isolation Patients By Application Of Group Activity Therapy

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### ABSTRACT

**Objective:** To find out the description of nursing care giving group activity therapy socialization: Ability to introduce oneself, ability to make acquaintances, and ability to overcome social isolation and withdrawal disorders in schizophrenic patients at BLUD RSU Banjar City

**Method:** This study uses a qualitative descriptive method with a case study approach. The author takes one client as the subject of a case study that fits the inclusion and exclusion criteria. The author collects data by means of observation and documentation. The focus of the intervention is to use group activity therapy interventions.

**Results:** The results of the case studies at the review stage showed that they did not want to meet many people, the client's eye contact was lacking, and there was no interaction with fellow patients in the passive ward. The intervention used in this case study is a strategy of implementing social isolation with a focus on social interaction skills. The focused intervention used is the application of social isolation group activity therapy.

**Conclusion:** During the three-meeting intervention, there was a change in social interaction skills, both in the ability to introduce oneself, the ability to make acquaintances, and the ability to converse, from a score of 0 to a score of 4.

**Keywords:** social isolation, group activity therapy, social interaction skills

### Introduction

The World Health Organization (WHO) (2012) states that mental disorders rank second after infectious diseases with a total percentage of 11.5%. In addition, WHO also estimates that ± 873,000 people commit suicide due to mental disorders, thus the influence of mental disorders is very large, which can result in death (Piana et al., 2021). The prevalence of schizophrenia in Indonesia is 0.3 to 1%. Usually occurs at around 18 to 45

years of age, but some are only 11 to 12 years old and already suffer from schizophrenia. Indonesia's population is estimated at 200 million people, so around 2 million people suffer from schizophrenia (Sutinah, 2018).

Based on Basic Health Research (Rikesdas 2018), there are 706,688 cases of people with mental disorders in Indonesia and only 42,606 people (9%) receive treatment. The province with the highest number of people with mental disorders is West Java Province with 130,528 people, while the Province with the lowest mental disorders is North Kalimantan Province with 1,816 people (Ministry of Health, 2019). The number of mental disorders in Indonesia has increased quite significantly, according to data from basic health research in 2018 conducted by the Health Development Research Agency, Ministry of Health, the number of people with mental disorders in Indonesia is 7% of the total population in Indonesia (Rahma, 2019).

Schizophrenia is a severe and continuous neurobiological disease (Stuart, 2016), where schizophrenic symptoms are divided into two main categories: positive symptoms or real symptoms, which include delusions, hallucinations, and disorganized thought, speech, and behavior, as well as negative or subtle symptoms, such as flat affect, lack of will, and social withdrawal or discomfort (Videbeck, 2011). Negative symptoms of withdrawal from society and social dysfunction are a consequence of maladaptive neurobiological responses. Mentioning social problems is often a major source of concern for families and health care providers. Outcome behaviors of social problems include inability to communicate coherently, loss of drive and interest, decreased social skills, poor personal hygiene, and paranoia. Other behaviors that occur are low self-esteem associated with poor academic and social performance, feeling uncomfortable, and the most common is social isolation (Mista et al., 2018)

Social isolation according to (Damanik et al., 2020) is a condition where patients always feel alone and the presence of other people is considered a threat. According to (Kirana, 2018) Social isolation is influenced by 2 factors, namely predisposing factors and precipitation factors. The predisposing factors include developmental factors, biological factors, and socio-cultural factors. Meanwhile, the precipitation factor for social isolation includes internal and external factors such as socio-cultural stressors and biochemical stressors in journals.

The impact of social isolation that often occurs includes experiencing anxiety, lack of confidence, refusal to interact, and hallucinations. Therefore to overcome the problem of social isolation can be done with group activity therapy. Group activity therapy is therapy with learning activities to train the stages of communication with other people to improve skills in social relations (Julianto & Rochmawati, 2016). The purpose of group activity therapy is to facilitate the ability of patients with social relations problems so that they can improve their abilities and train patients in socializing to minimize the number of patients who experience social isolation mental disorders. (Nyumirah, 2013) reported that there was an effect of giving group activity therapy to schizophrenic patients with social isolation.

Group activity therapy activities can be in the form of socialization exercises in groups. group activity therapy helps clients to socialize with individuals who are around the client (D. P. Sari & Maryatun, 2020). Group activity therapy facilitates psychotherapy to monitor and improve interpersonal relationships, respond to others, express ideas and exchange perceptions, and receive external stimuli from the environment (D. P. Sari & Maryatun, 2020).

Based on the description above, the authors are interested in making a case study entitled "Improving Social Interaction Skills Through Group Activity Therapy in Social Isolation Patients" by practicing group activity therapy to improve social skills in the concept of nursing care.

### **Objective**

To find out the description of nursing care and the effectiveness of providing socialization group activity therapy: Ability to Introduce Yourself, Ability to Make Acquaintances to Overcome social isolation withdrawal disorders in schizophrenic patients at BLUD RSU Banjar City

### **Method**

The design used by the author is using a case study design with a nursing care approach, namely research by collecting data starting from assessment, determining diagnosis, planning, carrying out actions and conducting intensive evaluations. This case study uses a descriptive analytic method, namely with the main objective to explore the problem, provide an overview of the case study and analyze more deeply about nursing care with Group Activity Therapy which is an effort to facilitate the ability to socialize a number of patients with social relationship problems towards improving the ability social interaction in social isolation patients with withdrawal.

In this case study, the authors took one client to be the subject of a case study that met the inclusion criteria. The criteria in this case study were clients with social isolation problems withdrawing and the exclusion criteria were clients who suddenly became ill and did not allow intervention. The implementation time in this case study was three days of nursing care carried out in the Tanjung Room of the Banjar City Hospital. The tools used in this case study were respondent demographic questionnaires, social interaction ability questionnaires, client activity schedules and all the equipment used for group activity therapy.

### **Results**

#### ***Assesment***

Based on the results of the study, it was found that Mr.W was a patient in the Tanjung BLUD room at the Banjar City Hospital, who was 46 years old and came from Citameang Kulon Hamlet, Ciparigi Village, Sukadana District, Ciamis Regency. On 2022 at 11:14 WIB the client was taken to the Emergency Room at the Banjar Hospital and treated

in the Tanjung Room with complaints that the client kept silent in the room and the client behaved in open defecation, the client also often said he had not eaten even though he had. 1 month SMRS clients experience anxiety because they had entrusted money but the money was used by the client. the client also had a history of stroke 1 month ago before finally recovering and returning to work, while working the client was entrusted with money by other people, the client also has no family history of mental disorders from both the paternal and maternal family lineage. W. At the time of review on Tuesday, March 30, 2022 the client said he had started to want to communicate even though his pronunciation was still limited and carried out personal needs independently, eye contact was still lacking and the client did not fully want to be accompanied by other people.

During the physical examination on Mr. W showed that the client's general condition was good, composmentis awareness, blood pressure 110/70 mmHg, respiration 20 x/minute, pulse 86 x/minute, temperature 36.6° C, SpO2 98%, body weight 58 kg, and height 165cm. At the time of the study the client had no physical complaints. The client said he often felt uneasy and afraid when he met other people, the client also felt insecure since the deposit money was used, but the client seemed to always say he wanted to go home every time he met the nurse, the client also said he felt safe while in the hospital but felt his family left. The client said that he did not feel sick and that he was fine, he only felt afraid and embarrassed because he had used the deposited money.

At the time the assessment was carried out the client also seemed a little calm. The client seems to be following the therapy that the nurse gives well even though the client only answers questions as needed without giving back questions and tells the nurse a lot about what is being asked. The client said that he always felt uneasy and was afraid that someone would collect the money he used, but after several days in the ward the client said he felt safe because he could not meet people who he thought would collect money.

### **Diagnosis**

After obtaining the data through the studies that have been carried out, the authors can compile data analysis to support the enforcement of nursing diagnoses as shown in the following table :

Table 1. Data Analysis

<b>Symptome</b>	<b>Etiologi</b>	<b>Problem</b>
<b>Subyektif :</b> The client said he did not want to meet many people for fear of being billed for the money he used	Anxiety ↓ Social isolation ↓	Social isolation
<b>Obyektif :</b> 1. Clients seem to tend to hide when seen by many people 2. The client's eye contact is lacking	Closing yourself from interaction with others	

- 
3. Communication has not been active
  4. Interaction with fellow patients in the passive ward
- 

Based on the results of the study that has been obtained, the nursing problems that occur in Mr. W, namely Social Isolation caused by excessive anxiety, causing the client to not want to meet many people and lock himself in a room that he thinks is safe.

### ***Intervention***

There are 4 implementation strategies for nursing actions for clients who experience social isolation problems, namely implementation strategy 1 is to identify the causes of social isolation, discuss the advantages and disadvantages if not related to other people, teach clients how to get acquainted and encourage clients to include acquaintance training activities into their Daily schedule. The second implementation strategy is to validate the previous exercise, provide opportunities for clients to practice how to get acquainted, practice social relations gradually with one person (a nurse).

The 3rd implementation strategy is validating and providing opportunities to re-practice previous exercises, namely getting to know one person (the nurse), then teach the client to get acquainted gradually with two or more people and practice conversing when carrying out new daily activities. The 4th implementation strategy is validating and practicing the previous exercise, namely getting to know two or more people and practicing how to ask for something, then teach the client to make activities with groups such as group activity therapy which contains interaction activities with one or more than two people . This can stimulate the client's perception that meeting new people is not something he has been afraid of. Group activity therapy cannot be done with activities such as learning to play guessing games, getting to know each other and so on. The next intervention in this implementation strategy is to incorporate therapy into the client's activity schedule.

### ***Implementation***

Implementation carried out by the author refers to the plans that have been prepared. The first nursing action to take is to do BHSP (Build Mutual Trust Relationships) by means of self-acquaintance, identify clients, approach first with the KKS (Frequent but Short Contact) method, make a time contract. at the first meeting, the researcher implemented SP1 which began with identifying the causes of social isolation, discussing the advantages and disadvantages of not having contact with other people, teaching clients how to get acquainted, and encouraging clients to include acquaintance practice activities into the daily schedule.

The second day of the implementation strategy then the action taken by the researcher is to first validate the problem or cause of social isolation experienced by the client, discuss the advantages and disadvantages of not having contact with other people, teach the client how to get acquainted, and continue with evaluating the third SP post

carried out on the second day, namely giving clients the opportunity to get acquainted with one person (nurse) and teach clients to get acquainted with two or more people. The implementation of the second and third implementation strategies is given a few hours after the client is considered to have mastered the second or previous implementation strategies.

The next implementation strategy is to train clients to make group activities such as group activity therapy with the method of getting to know more than two people, this activity is carried out in groups with the hope that Mr. W can adjust and get used to interacting with crowds. After trying to practice group activity therapy, the researcher then scheduled to evaluate the results of the group activity therapy according to the plan that had been prepared. Of all the plans or interventions carried out, it is hoped that the client will be able to improve his social interaction skills in the sub-ability to introduce himself, the ability to converse and show the patient's ability to get acquainted.

### ***Evaluation***

From the evaluation writing data carried out by the author on the ability to get to know each other, the ability to speak and the ability to show acquaintances, the writer makes an explanation on a diagram, in order to make it easier to make a visual assessment.

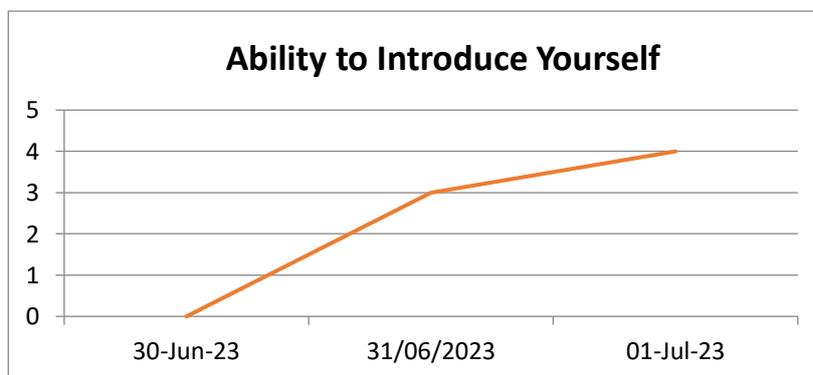


Figure 1. Ability to Introduce Yourself

From the Figure 1 it can be seen clearly that there was a change from the first day of the intervention to the third day, especially on the second day it was very fast, that was because on the second day the author intervened twice to carry out the second and third SP on the same day. but the time (hour) is different.

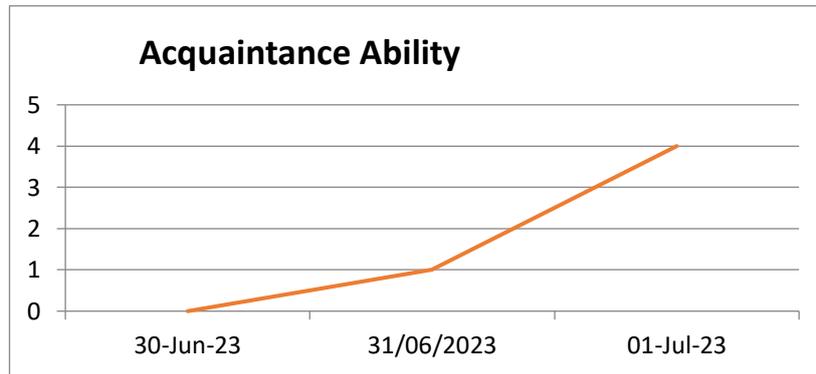


Figure 2. Acquaintance Ability

From the Figure 2 it can be seen clearly that there is a change in the ability to get acquainted with clients from the first day with a value of 0 to a value of 4 on the third day after the group activity therapy intervention was carried out.

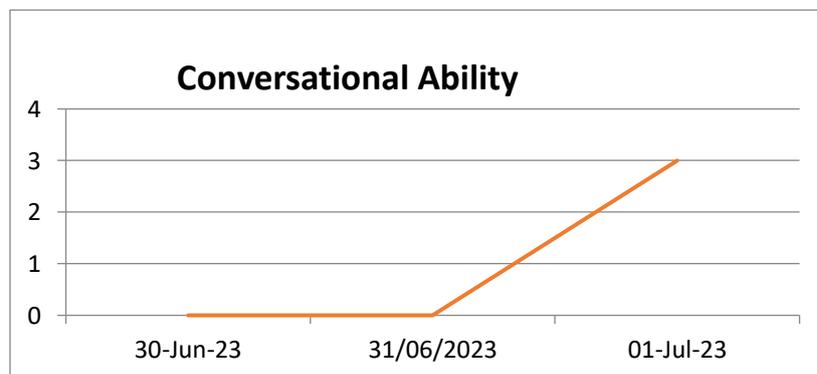


Figure 3. Conversational Ability

From the Figure 3 can be seen clearly that there is a change in the client's conversational ability from the first day with a value of 0 to a value of 4. On the first and second day the ability to speak is not there and still does not want to, while the change is on the third day after group activity therapy intervention.

During the intervention the client follows the activity well, is cooperative and calm. However, on the first day of intervention by the nurse, the client seemed hesitant and more passive than the others. The client's eye contact is absent, the client looks down and looks uncomfortable. However, when evaluated the client said that the client was happy.

## Discussion

Obtained data from the results of the study that the client said he did not want to meet many people because he was afraid of being billed for the money he used, the client seemed to tend to hide when seen by many people, the client's eye contact was lacking, communication was not yet active Interaction with fellow patients in the passive ward, the client's answers were sometimes unclear only shaking and nodding his head, but the client also looks annoyed with a number of questions and the client has not been able to start a

conversation and only answers questions given by the nurse. This is in accordance with the literature review mentioned by (Agustina, 2019) that someone with social isolation tends to be more silent, withdraws, refuses to interact with other people and lacks verbal communication.

Signs and symptoms of social isolation conveyed by (R. F. Sari, 2022) in his research stated that in clients according to the literature review it was stated that signs and symptoms of social isolation were a decrease in interaction ability, less spontaneous, lack of motivation, in conversations more just being listeners, refusing relationships with other people, apathy, lack of verbal communication, withdrawal, not interested or refuse to interact with other people (environment) and be alone (Agustina, 2019).

According to (Arisandy, 2022) the range of client responses is reviewed and their interactions with the social environment are a continuum that extends between adaptive and maladaptive responses. Adaptive Response is a response that is still acceptable to social and cultural norms in general that apply, in other words, the individual is still within normal limits. In this case the client shows more of an aloof attitude, does not want to interact, which is a response needed by someone to reflect on what has happened in their social environment (introspection) and belongs to an adaptive response to social isolation.

At the time of the assessment, the client said that he always felt uneasy and was afraid that someone would collect the money he used, because previously the client used his friend's money that was entrusted to the client, from there the client began to feel anxious, did not want to meet other people and always thought that when a client meets a person, that person will collect the money. This is a problem caused by a stressor which has implications for mental disorders which are determined by the number of stressors at a certain time (R. F. Sari, 2022).

In the case report, one nursing diagnosis was found, namely social isolation. Based on the results of the study above, the researcher formulates an actual nursing diagnosis, namely social isolation with subjective data that the client says he does not want to meet many people because he is afraid of being billed for the money he uses and is more silent or less interactive and the objective data is that the client seems to tend to hide when seen a lot people, the client's eye contact is lacking, communication is not yet active, interaction with fellow patients in the ward is passive. The priority for diagnosis in this case study is social isolation with a focus on social interaction skills, this is determined because the data that often appears is data that supports social isolation so that anticipatory action needs to be taken immediately so that it does not have a worse impact.

The author plans appropriate activities in the literature review by adjusting to the problems experienced by Mr. W, namely social isolation. The planning is nursing actions for clients who experience social isolation problems, there are 4 implementation strategies, namely SP 1 is to identify the causes of social isolation, discuss the advantages and disadvantages if not related to other people, teach clients how to get acquainted and encourage clients to include training activities to get to know each other. on the daily schedule. SP-2 is to provide an opportunity for clients to practice how to get acquainted,

practice social relations gradually with one person (a nurse). SP-3 is to provide an opportunity to re-practice the previous exercise, namely getting to know one person (nurse), then teach the client to get acquainted gradually with two or more people and practice conversing when carrying out new daily activities and in SP-4 is to practice the previous exercise namely getting to know two or more people and practicing how to ask for something, then teach clients to make activities with groups according to the basic concept of intervention in patients with social isolation (Syafrini et al., 2015).

Planning for implementing an implementation strategy for clients with social isolation in this case study is differentiated or modified in the 4th implementation strategy where in activities with groups, researchers use Group Activity Therapy as a means to carry out one of the items in the strategy for implementing social isolation. This can stimulate the client's perception that meeting new people is not something he has been afraid of. Group Activity Therapy cannot be done with activities such as learning to play guessing games, getting to know each other and so on. The next intervention in this implementation strategy is to incorporate therapy into the client's activity schedule (Astuti, 2020).

Group activity therapy : socialization is an effort to facilitate the ability to socialize a number of patients with social relationship problems. Socialization group activity therapy is carried out by helping patients socialize with individuals who are around the patient. Socialization can also be done in stages from interpersonal (one and one), group and mass. Activities can be in the form of socialization exercises in groups (Astuti, 2020).

On the first day there was no positive change in the problem of social isolation as indicated by the evaluation data documented by the author, namely: there was no increase in their social interaction skills, there were clients who still said they did not want to meet many people for fear of being billed for the money they used and were more silent or less interactive and the client has not been able to recognize the problem of social isolation independently, the client seems to tend to hide when seen by many people, the client's eye contact is lacking, communication has not been active and interaction with fellow patients in passive wards. There were changes quite quickly in the implementation of the second and third SP where it was easy for the client to interact with one or more people even though the initial initial was full of doubts and eye contact was not entirely good. In addition, in the evaluation of the implementation of the fourth SP, there was an increase in the ability to interact with clients, marked by clients who said activities were NOT fun, the client's eye contact was good, communication with nurses had started to be good, they had started to know friends who were on the same level and were able to communicate with more than two people (Shinta, 2019).

The ability of social interaction in the sub ability to introduce oneself, get acquainted and the ability to speak there is a change. In the ability to present oneself there was a change on the first day of the intervention until the third day, especially on the second day it was very fast, that was because on the second day the author intervened twice to carry out the second and third SP on the same day but the time (hours) different. The ability to get acquainted with clients from the first day is worth 0 to a value of 4 on the third day after the

intervention of group activity therapy, while in the ability to speak, there is also a change in the client from the first day, the value is 0 to a value of 4. On the first and second days, the ability to speak -ability is not there yet and still doesn't want to, while the change is on the third day after the intervention of group activity therapy

The application of this group activity therapy intervention is in line with the application carried out by (Hastutiningtyas & Setyabudi, 2016) the effect of social isolation meeting strategies on patient socialization abilities with a total of 15 respondents that individual distrust is one of the causes of socialization failure in patients with social isolation. Other studies also state that there is an effect of implementing socialization group activity therapy on socialization abilities in patients with impaired social interaction at the Dr. Mental Hospital. RM Soedjarwadi Klaten, Central Java.

This is in line with research from (Sesi, 2021) regarding supportive therapy on social skills in social isolation patients. Amino Gondohutomo Semarang. This application is in line with the results of (Arisandy, 2022) at the Surakarta Psychiatric Hospital where there was a significant effect of giving TAKS on improving communication skills in patients with social isolation. This application is also in line with the results of research from (Nyumirah, 2013) at the Mental Hospital in West Java Province, where the results showed the effect of TAKS sessions 1-3 on increasing interaction skills in patients withdrawing. Providing supportive group therapy will motivate clients to play an active role in thinking and practicing the social skills being taught. This causes generalist therapy combined with supportive group therapy to be more effective in reducing social responsiveness

During the cooperative client intervention, it's just that there are still doubts at the beginning to communicate with other people, after that the client feels more confident about it. The application of group activity therapy influences clients to improve social interaction skills because there is a very positive response from clients when carrying out this intervention. Because group activity therapy can assist in socializing with individuals around them and the implementation of the therapy is carried out in stages from interpersonal, group, and mass.

## **Conclusion**

During the three-meeting intervention, there was a change in social interaction skills, both in the ability to introduce oneself, the ability to make acquaintances and the ability to converse, from a score of 0 to a score of 4.

## **Acknowledgement**

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