

DESCRIPTION OF SOCIALIZATION ABILITY IN ISOLATION PATIENTS

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ABSTRACT

This study aims to describe the socialization ability of social isolation patients at the Mental Hospital of West Java Province. The research method used is quantitative with a cross-sectional design. The study results based on the Shapiro-Wilk test between socialization skills obtained a p-value of 0.709 which means it is more significant than 0.05, so it can open up opportunities for socialization to isolated patients in West Java. The Provincial Mental Hospital is good. In conclusion, the respondents in this study in terms of affective aspects cognitive aspects can be categorized as good.

Keywords: Mental Disorders, Psychiatric Hospital, Socialization Capability, Social Isolation

INTRODUCTION

Various health problems often arise due to mental health conditions and uncontrollable thoughts. One of the problems that threaten mental health is Schizophrenia. Schizophrenia is a severe disorder of the mind (Silpiah et al., 2021). Schizophrenia is a psychotic disorder defined by abnormalities in five symptom domains: Delusions, hallucinations, disorganized thinking, disorganized behaviors, and negative symptoms. And classified *Schizophrenia* is into four subtypes: paranoid, hebephrenic, catatonic, and residual (Chairil & Intan, 2021; Bozzatello et al., 2019; Andri et al., 2019).

The prevalence of mental disorders worldwide according to WHO data, (World Health Organization) Health Organization) in 2019, there were 264 million people who experienced 45 million people have bipolar disorder, 50 million people suffer from depression dementia, and 20 million people have schizophrenia. despite the prevalence, schizophrenia was recorded in relatively lower numbers than the prevalence of other types of mental disorders (Elisya, 2020).

According to data in the Basic Health Research (Riskesdas) in 2018, it shows that more than 19 million people aged over 15 years have experienced mental and emotional disorders. And more than 12 million people aged over 15 years experience anxiety. (Kementerian Kesehatan RI, 2018). Cases of mental disorders in Indonesia based on riskedas 2018 have increased. This increase can be seen from the increase in the prevalence of households with ODGJ in Indonesia. There is an increase in the number to 7 per mil of households. This means that per 1000 households, there are seven households with ODGJ, so the number is estimated to be around 450 thousand ODGJ in weight (Kemenkes RI, 2019).

Schizophrenia cannot be explained as a single disease. It is more appropriate if schizophrenia is considered a syndrome or a disease process with various variations and symptoms (Mista et al., 2018). Lack of motivation and a decrease in socialization skills cause many patients with schizophrenia to experience social isolation. The condition of a

person's social isolation is the client's inability to express the client's feelings which can cause the client to express the client's emotions with violence (Herliana & Koto, 2021).

Social isolation is defined as a state in which an individual has a minimal number of social contacts and lacks engagement with others and the more comprehensive community. Social isolation can be viewed as a continuum, with isolation and a high level of social participation as opposing extremes. Being socially isolated may be associated with having fewer social contacts, a smaller social network, and less engagement in social activity (Evans et al., 2019).

Social isolation is socially disconnected has profound negative effects on mental health. It refers to the loss of social bonds and social separation that ranges emotional impact based on the closeness of those relationships (Cipto et al., 2020). Social isolation is a problem caused by low self-esteem where negative feelings self, loss of self-confidence, feeling like you have failed to achieve what you want to be characterized by feelings of shame towards oneself, guilt towards self, impaired social relations, self-esteem, low self esteem and can injure yourself (Sari & Maryatun, 2020).

Based on preliminary studies conducted by researchers, the data obtained the number of people with a mental health condition in 2015 to June, namely 687 people with the number of social isolation patients in June as many as 33 people. Based on observations from 10 social isolation patients, seven seemed to be alone; there was no interaction with the others. When asked the nurse, the patient is often involved in daily activities, such as morning exercise, rehab activities, and group activity therapy. Of the ten patients of social isolation, 8 had hallucinations that disrupted the client's activities.

RESEARCH METHOD

This type of research uses the kind of quantitative descriptive research design. The population in this study were all patients of the West Java Provincial Mental Hospital in June 2015 were 33 people. The sample in this study was 22 patients, and the sampling technique in this study used a purposive sampling technique, which is the technique of determining the sample with specific considerations. The criteria for the sample included in this study are as follows; cooperative patient social isolation, social isolation patients, treated for > 3 days, Social isolation patients who experience HDR. The sample exclusion criteria in this study are as follows; patients with uncooperative social isolation, social isolation patients who are treated <3 days. So the number of samples used for this study is 22 respondents who fall into the inclusion criteria..

Instrument of socialization capabilities

For the instrument of socialization ability, a Likert scale is used in which the answer of each item of the instrument that uses the Likert scale has a gradation of positive questions (+), which has a score of always (4), often (3), sometimes (2), never (1) whereas scores for negative questions (-) always (1), usually (2), sometimes (3), never (4). The validity results include: for items concerning the socialization ability of patients in social isolation, validity coefficient values can be seen between -0.2 27 and 0.917. Thirty-five articles have a validity coefficient value greater than 0.3, which is categorized as valid. Nine items have a validity coefficient value smaller than 0.3, so it is classified invalid. The reliability test results include the value of the reliability coefficient (0.949) above the established standard, which is 0.700. The reliability coefficient (0.949) shows that the questionnaire has good reliability in measuring the socialization ability of patients in social isolation. Thus, the questionnaire on the ability to socialize patients with social isolation was appropriate to be used for research by removing invalid items.

Data analysis uses univariate analysis to determine the proportions of each research variable. Ethical issues in nursing research are critical, considering that research will relate directly to humans.

RESULTS

Table. 1
Data Normality Test

Variable	Value of p	A
The ability to socialize	.709	0.05

From the above table it can be seen that the data of the socialization ability variable is normally distributed because the p value (0.709) < 0.05. Thus, descriptive analysis uses the mean (average) value.

Table. 2
Frequency Distribution of Socialization Capabilities

Socialization Capability	F	%
Good	14	63.64
Bad	8	36.36
Total	22	100

From the table above it can be seen that respondents who have good socialization skills are 14 people (63.64%), while those who have poor socialization abilities are 8 people (36.36%).

Table. 3
Descriptive Statistics of Socialization Ability

Variable	N	Minimum Value	Maximum Value	Average value	Standard Deviation
The ability to socialize	22	89	112	99.95	6.11

From the above table it can be seen that the socialization ability score has a minimum value of 89, a maximum value of 112, an average value of 99.95 and a standard deviation (deviation of data) of 6.11.

The Description of THE Ability of Socialization is Seen From the Affective Aspects of Social Isolation Patients

Table. 4
Frequency Distribution of Socialization Capabilities Viewed from Affective Aspects

Affective Aspects	F	%
Good	14	63.64
Bad	8	36.36
Total	22	100

From the table above it can be seen that respondents who have good socialization skills are seen from the affective aspects of 14 people (63.64%), while those who have poor socialization abilities are seen from the affective aspects of 8 people (36.36%).

Table. 5
Descriptive Statistics of Socialization Ability Viewed
from the Affective Aspect

Aspect	N	Minimum Value	Maximum Value	Average value	Standard Deviation
Affective	22	6	19	14.68	2.78

From the above table it can be seen that the socialization ability score seen from the affective aspect has a minimum value of 6, a maximum value of 19, an average value of 14.68 and a standard deviation (data deviation) of 2.78.

The Description of Socialization Ability is Seen from the Behavioral (Psychomotor) Aspects of Social Isolation Patients

Table. 6
Frequency Distribution of Socialization Capabilities Viewed
from Behavioral Aspects (Psychomotor)

Behavioral Aspects (Psychomotor)	f	%
Good	15	68.18
Bad	7	31.82
Total	22	100

From the table above it can be seen that respondents who have good socialization skills are seen from the aspect of behavior (psychomotor) as many as 15 people (68.18%), while those who have poor socialization ability are seen from the aspect of behavior (psychomotor) as many as 7 people (31, 82%) .

Table. 7
Descriptive Statistics of Socialization Ability Viewed
from the Behavioral Aspect (Psychomotor)

Aspect	N	Minimum Value	Maximum Value	Average value	Standard Deviation
Behavior (psychomotor)	22	16	29	24.64	3.19

From the table above it can be seen that the socialization ability score seen from the behavioral aspect (psychomotor) has a minimum value of 16, a maximum value of 29, an average value of 24.64 and a standard deviation (data deviation) of 3.19.

The Description of Socialization Ability is Seen from the Cognitive Aspects of Social Isolation Patients

Table. 8
Frequency Distribution of Socialization Ability Viewed
from Cognitive Aspects

Cognitive aspects	F	%
Good	13	59.09
Bad	9	40.91
Total	22	100

From the table above it can be seen that respondents who have good socialization skills are seen from the cognitive aspects of 13 people (59.09%), while those who have poor socialization abilities are seen from the cognitive aspects of 9 people (40.91%) .

Table. 9
Descriptive Statistics of Socialization Capabilities Viewed
from the Cognitive Aspects

Aspect	N	Minimum Value	Maximum Value	Average value	Standard Deviation
Cognitive	22	14	30	25.95	4,56

From the above table it can be seen that the socialization ability score seen from the cognitive aspect has a minimum value of 14, a maximum value of 30, an average value of 25.95 and a standard deviation (deviation of data) of 4.56.

The Description of Socialization Ability is Seen from the Social Aspects of Social Isolation Patients

Table. 10
Frequency Distribution of Socialization Capabilities Viewed
from Social Aspects

Social aspects	F	%
Good	12	54.55
Bad	10	45.45
Total	22	100

From the table above it can be seen that respondents who have good socialization skills are seen from the social aspects of 12 people (54.55%), while those who have poor socialization abilities are seen from social aspects as many as 10 people (45.45%) .

Table. 11
Descriptive Statistics of Socialization Capabilities Viewed
from Social Aspects

Aspect	N	Minimum Value	Maximum Value	Average value	Standard Deviation
Social	22	22	46	37.32	5.64

From the table above it can be seen that the socialization ability score seen from the social aspect has a minimum value of 22, a maximum value of 46, an average value of 37.32 and a standard deviation (deviation of data) of 5.64.

DISCUSSION

The Description of the Ability of Socialization is Seen from the Affective Aspects of Social Isolation Patients

The results showed that the distribution of respondents who had good socialization skills seen from the affective aspect was 14 people (63.64%). In comparison, eight people had poor socialization skills (36.36%). It can be seen that the socialization ability score of the affective aspect has a minimum value of 6, a maximum value of 19, an average value of 14.68, and a standard deviation (data deviation) of 2.78.

Social isolation is an experience of being alone and feeling shy to others as negative or threatening. The perceived threat can elicit a response. Affective responses of patients with social isolation nursing problems in the form of feeling bored, blunted affect, and lack of motivation (Mista et al., 2018). According by Sukaesti (2019) affective response to clients with social isolation is feeling sad, blunted affect, feeling no being cared for by others, ashamed of being lonely, feeling rejected by others, and feeling depressed or depression.

The Description of Socialization Ability is Seen from the Behavioral (Psychomotor) Aspects of Social Isolation Patients

The results showed that the distribution of respondents who have good socialization skills are seen from the aspect of behavior (psychomotor) as many as 15 people (68.18%), while those who have poor socialization ability are seen from the part of behavior (psychomotor) as many as seven people (31, 82%), and it can be seen that the socialization ability score seen from the behavioral aspect (psychomotor) has a minimum value of 16, a maximum value of 29, an average value of 24.64 and a standard deviation (data deviation) of 3.19

Behavioral responses that appear in clients with social isolation are withdrawing, staying away from other people, not or lazy to communicate, having no eye contact, moving and doing activities, staying in the room, refusing to relate to other people, and being hostile. Behavioral responses that have experienced a decrease in the assessment of the stressor are staying in the room and doing incomplete work; the actions taken to reduce these signs and symptoms are the authors trying to motivate clients to talk to other clients so that clients have communication skills, and involve clients in group activities, the client is motivated to complete the client's work to completion (Sukaesti, 2019).

Human behavior is essentially an activity of humans themselves and has a wide range of activities, including walking, talking, and reacting, all of which can be observed, even studied. Behaviors shown by socially isolated clients include withdrawing, staying away from other people, not or rarely communicating, no eye contact, loss of movement and interest, laziness to do daily activities, staying in the room, refusing relationships with other people, and hostile attitude (Yuswatiningsih & Rahmawati, 2020).

The Description of Socialization Ability is Seen from the Cognitive Aspects of Social Isolation Patients

The results showed that the distribution of respondents who have good socialization skills are seen from the cognitive aspects of 13 people (59.09%), while those who have poor

socialization abilities are seen from the cognitive aspects of 9 people (40.91%) and table it can be seen that the socialization ability score seen from the cognitive aspect has a minimum value of 14, a maximum value of 30, an average value of 25.95 and a standard deviation (deviation of data) of 4.56

Cognitive response plays a central role in the adaptation process. Cognitive factors influence the impact of an event full of stress, choose the coping to be used, and a person's emotional, physiological, behavioral, and social reactions. Cognitive assessment is a physiological mediator between the individual and his environment to a stressor. In social isolation clients, cognitive stressors are assessed in the form of feeling lonely, feeling rejected by others/the environment, feeling not understood by others, feeling useless, feeling hopeless and having no purpose in life, feeling insecure among other people, and unable to concentrate and make decisions (Yuswatiningsih & Rahmawati, 2020).

According Pardede et al., (2020) cognitive response plays a central role in the adaptation process, where cognitive factors influence the impact of a stressful event, choose the coping to be used, and emotional reactions.

The Description of Socialization Ability is Seen from the Social Aspects of Social Isolation Patients

The results showed that the distribution of respondents who have good socialization skills are seen from the social aspects of 12 people (54.55%), while those who have poor socialization abilities are seen from social aspects as many as ten people (45.45%), and it can be seen that the socialization ability score seen from the social aspect has a minimum value of 22, a maximum value of 46, an average value of 37.32 and a standard deviation (deviation of data) of 5.64.

The social response results from cognitive, affective, physiological, and behavioral responses that will affect relationships or interactions with other people. Social isolation clients, in this case, have unpleasant life experiences such as failure to build relationships, closed communication, rarely involvement in social activities, rejection, other failures. (Pardede et al., 2020). Social responses that can be found in socially isolated patients include the inability to communicate with others, indifferent to the environment, decreased social skills, and difficulty interacting (Mista et al., 2018).

CONCLUSION

From the results of this study, the following conclusions can be drawn: respondents in this study viewed from the affective aspects can be categorized as good, respondents in this study viewed from the aspect of behavior can be categorized well, respondents in this study viewed from the cognitive aspects can be categorized well, respondents in this study viewed from the social aspects can be categorized well.

SUGGESTIONS

The advice given by researchers related to this research is that it can be one of the evaluation materials in the provision of services to patients. Considering methods and styles in serving patients, good service becomes a reference for healing patients. Because specifically for people with a mental health condition need different ways of treatment with patients who do not have mental disorders.

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