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Description of Socialization Ability in Isolation Patients in Psychiatric Hospital Province, West Java, Indonesia

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ABSTRACT

The high number of mental health disorders is a major health problem when compared with other health problems in the community. Social isolation is where individuals or groups experience or feel the need to increase involvement with others but don't want to make a contract. The purpose of this study was to determine the description of the ability of socialization in patients with social isolation at the West Java Provincial Mental Hospital.

The research method used is quantitative with a cross-sectional design, a sample of 22 respondents were taken with a purposive sampling technique. Research instruments with a questionnaire or questionnaires. With univariate analysis using the Shapiro-Wilk test.

The results of the study based on the Shapiro-Wilk test between the socialization ability obtained p-value of 0.709, which means greater than 0.05 so it can be concluded the description of the ability of socialization in patients with social isolation at the West Java Provincial Mental Hospital is good, so it is recommended for patients of social isolation should always be included in all activities whether TAK, morning exercise, or activities in the rehab room so that they can quickly be able to socialize again like normal daily activities

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

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INTRODUCTION

Psychiatric disorder is a functional psychosis disorder in the form of recurrent mental disorders characterized by distinctive psychotic symptoms such as deterioration in social function, work function, and self-care. Type I schizophrenia is characterized by prominent positive symptoms such as hallucinations, delusions, and loose associations, while in Type II Schizophrenia negative symptoms such as withdrawal, apathy, and poor self-care (Indonesian Science Forum, 2010).

The number of mental patients in the world is estimated at no less than 450 million (Candra, 2013). In fact, based on World Bank Study data in several countries, 8.1% of global public health (Global Burden Diseases) has a mental disorder. Based on data from the Ministry of Health, the number of people with mental disorders in Indonesia reached 2.5 million people (MOH, 2009). The results of basic health research (Riskesdas) in 2013 showed that the prevalence of severe national mental illness was 1.7 / mile. According to the World Health Organization (2007), the prevalence of mental health problems in Indonesia reaches 13% of overall illnesses and is likely to develop to 25% by 2030.

The high number of mental health disorders is a major health problem when compared with other health problems in the community. WHO report (2007) reported that 31.7% of morbidity due to mental disorders resulting in disability in patients caused by

five neuropsychiatric conditions, namely 11.8% unipolar depression, 3.3% alcohol abuse, 2.8% schizophrenia, 2.4% bipolar depression and 1.6% dementia. From this neuropsychiatric condition, it is noted that patients with different nursing problems include violent behavior, hallucinations, withdrawal, low self-esteem, self-care deficits, delusions and suicide risk.

One of the signs and symptoms of a client with a mental disorder is social decline. The social setback occurs when a person experiences an inability or failure to adapt (maladaptive) to his environment, a person is not able to relate to other people or other groups properly, thus causing psychiatric disorders resulting in maladaptive behavior towards the surrounding environment (Yosep, 2007).

The deterioration in social functions experienced by a person in the diagnosis of mental nursing is called social isolation. Social isolation is a condition where an individual experiences a decline or even completely unable to interact with other people around him (Purba, et al. 2008). Patients with social isolation have a low ability to socialize because of their nature who always withdraws from their environment.

Social isolation is where individuals or groups experience or feel the need to want to increase involvement with others but do not want to make a contract (Carpenito, 2006). Social isolation is an interpersonal relationship disorder that occurs due to a maladaptive personality and disrupts a person's function in a relationship (Dalami, 2009). The impact of worthless feelings can make it more difficult for individuals to develop relationships with other people, as a result the client becomes backward, experiences a decline in activity and a lack of attention to the appearance and success of self. So that individuals are increasingly immersed in the journey and behavior of the past and primitive behavior, among others, behavior that is not in accordance with reality, so that the result continues to be hallucinations. Hallucinations are behind the complications.

According to Keliat (2005) one complication of socially related disorders including withdrawal behavior and social isolation caused by feelings of worthlessness, which can be experienced by clients with a background full of problems, tension, disappointment, and anxiety. Feelings of worthlessness make it more difficult for clients to develop relationships with others. As a result the client becomes regression or backward, experiencing a decrease in activity and lack of attention to appearance and personal hygiene.

Patients with social isolation have signs and symptoms which are: feeling lonely or rejected by others, feeling insecure being with others, feeling useless, feeling unsure of being able to get on with life, unable to concentrate and make decisions, and the patient feels bored (Townsend, 2009).

Stuart and Laraia (2005) explain that socialization is one's ability to be more cooperative and interdependent with others. This condition is affected by brain function because we have to understand each other the relationship consequences of the maladaptive neurolobilological response. Social problems are often a major source of family attention and health care because of the apparent effects of illness that often stand out from symptoms related to cognitive and perception.

Based on preliminary studies conducted by researchers, the data obtained the number of mental patients 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 patients of social isolation, 7 who seemed to be alone, there was no interaction with the others. When asked to the nurse, the patient is often involved in daily activities, such as: morning exercise, rehab activities, and group activity therapy. Of the 10 patients of social isolation, 8 had hallucinations that disrupted the client's activities. Referring to the aforementioned problems the writer wants to research more about the length of stay with psychiatric

patients with the title "Overview of Socialization Capabilities in Social Isolation Patients in West Java Province Hospital ".

METHOD

This type of research uses the type 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 that is the technique of determining the sample with certain considerations. The criteria for sample inclusion in this study are as follows:
1) Cooperative patient social isolation
2) Social isolation patients treated for> 3 days
3) Social isolation patients who experience HDR
The sample exclusion criteria in this study are as follows:
1) Patients with uncooperative social isolation
2) Social isolation patients who are treated <3 days
So the number of samples used for this study are 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), often (2), sometimes (3), never (4). The results of validity 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. There are 35 items that have a validity coefficient value greater than 0.3 so that it is categorized valid. There are 9 items that have a validity coefficient value smaller than 0.3 so that it is categorized invalid. The results of the reliability test include: the value of the reliability coefficient (0.949) above the established standard that 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 find out the proportions of each research variable. Ethical issues in nursing research is a very important issue in research, considering that research will relate directly to humans. Then the ethical aspects in research must be considered (Hi dayat, 2007) Informed concent (glue bar approval as a participant), Anomity (no name), Confidentiality (confidentiality), Principle of expediency, and the Principle of justice.

DISCUSSIONS

Following are the results of the normality test of friend support variable data using the Shapiro-Wilk test.
Table 1 Data Normality Test

Variable	Value of p	α
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.

2. The description of the ability of socialization is seen from the affective aspects of social isolation patients in the West Java Provincial Mental Hospital

Based on the calculation results, it can be seen the number and frequency of the socialization ability seen from the affective aspect, then presented in the frequency distribution table below.

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.

3. The description of socialization ability is seen from the behavioral (psychomotor) aspects of social isolation patients in the West Java Provincial Mental Hospital

Based on the calculation results, it can be seen the number and frequency of socialization abilities seen from the aspect of behavior (psychomotor), then presented in the frequency distribution table below.

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.

4. The description of socialization ability is seen from the cognitive aspects of social isolation patients in the West Java Provincial Mental Hospital

Based on the calculation results, it can be seen the number and frequency of socialization abilities viewed from the cognitive aspect, then presented in the frequency distribution table below.

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.

5. The description of socialization ability is seen from the social aspects of social isolation patients in the West Java Provincial Mental Hospital

Based on the calculation results, it can be seen the number and frequency of socialization abilities viewed from the social aspect, then presented in the frequency distribution table below.

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.

CONCLUSION

Based on the results of research that has been done and supported by theories that the author has studied and the discussion that has been presented in previous chapters, the conclusions can be danced as follows:

a) Respondents in this study viewed from the affective aspects can be categorized as good.
b) Respondents in this study viewed from the aspect of behavior can be categorized well.
c) Respondents in this study viewed from the cognitive aspects can be categorized well.
d) Respondents in this study viewed from the social aspects can be categorized well.

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. Considerations for applying methods and styles in serving patients, good service becomes a reference for healing patients. Because specifically for mental patients need different ways of treatment with patients who do not have mental disorders.

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