

The Effect of Therapeutic Communication on Social Isolation Clients in Sidikalang Regional General Hospital in 2019

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Abstract

This study aims to identify the effect of therapeutic communication on social isolation clients at the Sidikalang Regional General Hospital in 2019. The research methodology used in this study is a case study that uses a quasi-experimental research design with a one group pre post test design approach. This study only tested one group of subjects where the group was observed before the intervention was then observed again after the intervention. The results of the study were based on the characteristics of the research subjects, 2 men (100%), 1 person (50%) 21 years old, 1 23 year old subject (50%), 2 unmarried subjects (100%), Subjects with a junior high school education of 1 person (50%), 1 person with a high school education (50%), and a subject whose occupation is self-employed 2 people (100%). The level of social isolation before therapeutic communication was carried out in the first subject there was a moderate level of social isolation (score 6), in the second subject there was a moderate level of social isolation (score 6) and on average from both subjects there was a moderate level of social isolation (score 6). The level of social isolation after therapeutic communication was carried out in the first subject there was a mild level of social isolation (score 4), in the second subject there was a mild level of social isolation (score 2) and on average from both subjects there was a mild level of social isolation (score 3).

Keywords

communication; therapeutic;
social isolation



I. Introduction

Mental disorders are still a serious problem in the world. In the case of social isolation, the client finds it difficult to share thoughts and feelings, for fear of showing these feelings other people become reluctant to establish a relationship with the client. (Laraia et al., 1994) If the problem of social isolation is not handled properly, the client is at risk of experiencing impaired sensory perception of hallucinations which can lead to behavior that injures oneself or others. (Hidayah, 2015)

Government policies in dealing with clients with mental disorders are stated in Law no. 36 of 2009 concerning mental health, it is stated in article 149 paragraph (2) that the government and the community are obliged to provide treatment and care at health service facilities for people with mental disorders who are neglected, homeless, threaten their safety and disrupt public order or security, including financing. treatment and care for people with mental disorders for the poor.

WHO (World Health Organization) confirms that the number of clients with mental disorders in the world reaches 450 million people and at least 1 in 4 people in the world experience mental disorders. (Taslim, 2017) The prevalence of mental health problems is currently quite high, around 10% Currently, adults experience mental disorders and 25% of the world's population is estimated to experience mental disorders at a certain age of life.

This age usually occurs in young adults between 18-20 years 1% of whom are severe mental disorders, the potential for someone to be susceptible to mental disorders is indeed high, every time 450 million people around the world are affected by mental, nervous and behavioral problems. One of the most common mental disorders in the world is schizophrenia. The prevalence of Schizophrenia in the world is 0.1 per mile regardless of differences in social or cultural status (Artika et al., 2018).

The highest prevalence of mental disorders in Indonesia is in the Province of the Special Capital Region of Jakarta (24.3%), followed by Nangroe Aceh Darussalam (18.5%), West Sumatra (17.7%), NTB (10.9%), South Sumatra (9.2%), and Central Java (6.8%) (Rozi Hamdani, 2017). An increase in the number of people with mental disorders also occurred in North Sumatra, the number of patients increased by 100 percent compared to previous years. At the beginning of 2008, North Sumatra Hospital received about 50 patients per day for inpatient treatment and about 70-80 patients for outpatient treatment. While in 2010-2011, the RSJ only received 25-30 patients per day (Hidayati & Meikawati, 2017).

II. Research Method

2.1 Research Design

This research is a case study using a research design quasi-experimental approach with a approach one group pre post test design. (Kanender et al., 2015) This study only tested one group of subjects where the group was observed before the intervention was then observed again after the intervention. This design can be described as follows:

Pre Test	Treatment	Post Test
01	X	02

Description

01: Measurement before giving Therapeutic Communication

02: Measurement after being given Therapeutic Communication

X : Giving Therapeutic Communication to Clients of Social Isolation

2.2 Research Subjects

Subjects in this study were clients who experienced social isolation aged 20-40 years who were hospitalized at the Mental Polyclinic of the Sidikalang General Hospital as many as 2 people in July 2019. The inclusion criteria for the subjects of this study were:

- Clients aged 20-40 years.
- Clients experiencing social isolation
- Clients who can speak Indonesian clearly and well
- Does not suffer from hearing loss
- Clients are willing to be the subject.

Exclusion criteria of this study are patients who are hospitalized.

2.3 Research Focus

The main study of the problem that will be discussed in this study is the Effect of Therapeutic Communication on Clients of Social Isolation. Therapeutic Communication as the independent variable and Social Isolation as the dependent variable.

2.4 Operational Definition

- a. Therapeutic Communication is a communication technique given to Social Isolation Clients who are treated at the Sidikalang Regional General Hospital in the form of Clients actively participating in communicating, and being open and growing confidence in others. This therapy is done 30 minutes for 2 days. Therapeutic communication is done in the morning.
- b. Social isolation is someone who experiences a decrease in communicating with others at the Sidikalang Regional General Hospital, due to low self-esteem so that feelings of shame arise to interact with other people.

2.5 Place and Time

This research was carried out from July to August 2019 in the Mental Poly Room of the Sidikalang Regional General Hospital. The number of research subjects obtained by the researcher in the Psychiatric Poly Room were 2 clients, the location of the hospital was strategic and the administration of research permits was easy so that it could facilitate researchers taking research subjects according to the criteria of research subjects that the researchers had determined.

2.6 Data collection

Data collection was carried out in the Mental Poly room of the Sidikalang Regional General Hospital from July to August 2019. The data collection technique in this study was carried out to fulfill the Tri Dharma of Higher Education with the steps of applying for permission to the education section of the Nursing Academy of the Dairi Regency Government . Then apply for a permit to conduct research to the Director of the Sidikalang Regional General Hospital. After the research permit was granted, the researcher recorded outpatients who met the inclusion criteria to become research subjects. Then the researcher explains to the client about the purpose, benefits of the research and the research process to be carried out as well as the impacts that may occur during and after the data collection process. After the client is willing to be the subject of the study, the researcher provides ansheet informed consent as a form of consent to the client, and asks the client to give his signature on the consent sheet. then the researcher conducted an interview for 30 minutes to get information about the characteristics of the subject and a questionnaire to find out whether the client wanted to interact before being given a therapeutic communication intervention (pre test on the first day), the questionnaire was filled out directly by the researcher. After the researcher finished filling out the questionnaire sheet, the next researcher gave a therapeutic communication intervention.

The intervention was carried out 2 times with a duration of 30 minutes with the procedure, before the researchers prepared the communication topic to be given. Then the researcher invites the client to communicate and open a trusting relationship between the client and the nurse. then the client is open and communicates well with the nurse after the therapeutic communication.

This communication is done individually. After doing the intervention 2 times, on the second day the data was collected again (post test) using the same questionnaire at the time of the pretest with a 30 minute interview technique.

The instrument used in this study consisted of two parts, namely a demographic data questionnaire about the characteristics of the subjects consisting of: age, gender, religion, treatment experience and length of stay. Then the second instrument is a questionnaire for outpatients who are arranged based on signs and symptoms.

a. Demographic Data

Questionnaire The demographic data questionnaire was compiled by researchers consisting of age, gender, marital status, education and occupation. The demographic data of the subjects used to describe the characteristics of the subjects were not analyzed.

b. Therapeutic Communication Questionnaire on Social Isolation Clients Social

isolation questionnaire at the age of 20-40 years consisting of 10 questions. dichotomous question type with Yes or No answer choices. With the interpretation of the assessment, the answer Yes is worth 1 and the answer No is 0. Thus, social isolation is categorized as follows: Severe social isolation with: 76 - 100% (score 8-10) and moderate social isolation with 56% - 75% (score 6-7) and mild social isolation 55% (score 0-5). Data processing to get the difference in the average value (mean) before (pre) and after (post) is the value of the questions from the questionnaire on the first subject and the second subject then the overall results are divided by the number of research subjects.

It can be formulated as follows:

$$\text{Mean} = \frac{Q1 + Q2}{n}$$

Description

Q1: total number of subject questionnaires 1

Q2: total number of subject questionnaires 2

n : total number of research subjects

2.7 Data Presentation

Data processing is carried out through several stages, namely:(Priyastama, 2019)

- The editing stage is carried out to check the accuracy and completeness of the questionnaire filled out by the subject
- The coding stage by correcting the accuracy and completeness of the subject data is then coded by the researcher manually before being processed using a computer
- The scoring and data entry stages provide an assessment of the items that need to be assessed and enter the data that has been collected
- The tabulating and analysis stages enter the data that has been coded into the table. Analysis of the data used a frequency distribution table to present the characteristics of the subjects from the demographic questionnaire, namely: age, gender, ethnicity, religion, treatment experience, length of stay. Questionnaires withdrew on social isolation clients based on signs and symptoms that include physical, emotional and intellectual are displayed in the form of frequency distribution tables and percentages.

2.8 Research Ethics

This research was carried out considering research ethics, namely first obtaining permission from the Dairi District Government Nursing Academy, obtaining approval from the health research ethics committee, Director of the Sidikalang Regional General Hospital, after being received by the Hospital, the researcher explained to prospective subjects about the objectives, benefits research and research processes. Subjects who participate in conducting research must fill out an informed consent form. During the process of this research, the researcher did not find potential subjects who were not willing to become subjects in the study. All Clients who are hospitalized, especially Clients of social isolation are willing to be subjects. To maintain the confidentiality of the subject, the

researcher did not include the full name but included initials or coded each sheet of the data collection questionnaire. The confidentiality of the informants is guaranteed by the researcher and only certain groups of data are presented as research results.

III. Results and Discussion

3.1 Results

Data collection was carried out from July to August 2019. The number of research subjects obtained as research subjects who met the research inclusion criteria were 2 research subjects. This research was conducted at the Sidikalang Regional General Hospital. The presentation of data includes descriptive sheets of respondent characteristics, Social Isolation questionnaires before and after being given Therapeutic Communication.

Researchers will describe the results of research and discussion on the Effect of Therapeutic Communication on Social Isolation Clients at Sidikalang Regional General Hospital in 2019.

Characteristics of Research

Subjects in this study amounted to 2 people who were given Therapeutic Communication treatment for 30 minutes. With characteristics consisting of age, gender, education, marital status, and occupation.

Table 1. Distribution of Research Subjects based on demographic data

No.	Characteristics	Description	Frequency	Percentage(%)
1.	Gender	Male	2	100
		Woman	0	0
Total			2	100
2.	Age	21 years	1	50
		23 years	1	50
Total			2	100
3.	Marital status	Not married	2	100
		Married	0	0
Total			2	100
4.	Education	Middle School	1	100
		Senior High School	1	0
Total			2	100
5.	Job	Farmer's	0	0
		Civil servant	0	0
		Entrepreneur	2	100
Total			2	100

The results of the study based on the characteristics of the research subjects male sex 2 people (100%), subjects aged 21 years 1 person (50%), aged 23 years 1 person (50%) subjects who were not married 2 people (100%) , Subjects with junior high school education are 1 person (50%), 1 person has high school education (50%), and 2 people are self-employed subjects (100%). Education is one of the efforts to improve the ability of human intelligence, thus he is able to improve the quality of his life (Saleh and

Mujahiddin, 2020). Education is expected to be able to answer all the challenges of the times and be able to foster national generations, so that people become reliable and of high quality, with strong characteristics, clear identities and able to deal with current and future problems (Azhar, 2018).

As for the description of the level of Social Isolation on the Effect of Therapeutic Communication on Clients of Social Isolation are as follows:

Table 2. Level of Social Isolation Before being given Therapeutic Communication

NO	STATEMENTS	BEFORE	
		S1	S2
1	Do you feel lonely?	1	1
2	Do you feel rejected by others?	0	1
3	Do you feel insignificant to others?	0	1
4	Do you feel bored hanging out with other people?	1	0
5	Are you afraid to hang out with other people	1	1
6	Do you feel useless	1	0
7	Are you unable to concentrate?	0	
8	Do you feel hopeless,?	1	0
9	Are you embarrassed to look the other person in the eye?	0	1
10	Are you ashamed to be where you are now?	1	0
	Total	6	6
	Mean	6	

In table 2. it can be seen that the level of social isolation before therapeutic communication was carried out in the first subject there was a moderate level of social isolation (score 6), in the second subject there was a moderate level of social isolation (score 6) and on average from both subjects there was a moderate level of social isolation (score of 6).

Table 3. Level of Social Isolation After being given Therapeutic Communication

NO	STATEMENTS	AFTER	
		S1	S2
1	Do you feel lonely?	0	1
2	Do you feel rejected by others?	1	0
3	Do you feel insignificant to others?	0	0
4	Do you feel bored hanging out with other people?	0	0
5	Are you afraid to hang out with other people	0	0
6	Do you feel useless	1	0
7	Are you unable to concentrate?	0	1
8	Do you feel hopeless,?	1	0
9	Are you embarrassed to look the other person in the eye?	0	0

10	Are you ashamed to be where you are now?	1	0
	Total	4	2
	Mean	3	

In table 3. it can be seen that the level of social isolation after therapeutic communication is carried out in the first subject there is a mild level of social isolation (score 4), in the second subject there is a mild level of social isolation (score 2) and the average of the two subjects has a mild level of social isolation (score 3).

3.2 Discussion

a. Social Isolation of Research Subjects Before Therapeutic Communication is Conducted

Based on the results of the study it is known that the average client who experiences Social Isolation before therapeutic communication is carried out has a moderate level of social isolation with a score of 6.

In the first subject, it was found that the client felt lonely. clients do not feel rejected by others. clients do not feel insignificant to others. bored with other people. afraid to hang out with other people. clients also feel useless to others. the client feels able to concentrate. feel hopeless. The client is not ashamed to look the other person in the eye. The client feels ashamed to be in the Mental Poly General Hospital.

In the second subject, it was found that the client felt lonely. The client feels rejected by others. clients feel insignificant to others. clients do not feel bored hanging out with other people. The client is afraid of gathering with other people. feel useful to others. The client feels unable to concentrate. clients do not feel hopeless. The client feels embarrassed to stare at the other person. clients do not feel embarrassed to be in the General Hospital Poli Life

This research proves that the clients of social isolation experienced withdraw which is an expression of the emotions of the individual against the events experienced or felt which is considered as a threat so that individuals experience social isolation (Prabowo, 2014). Education and skills are the main keys in gaining social status in community life (Lubis *et al*, 2019).

Social isolation is a state where individuals experience a decrease or even completely unable to interact with other people around them. Social isolation is an interpersonal disorder that occurs due to an inflexible personality that causes maladaptive behavior and interferes with one's functioning in social relationships (Ministry of Health, 2011).

Social isolation is an attempt to avoid a communication relationship with other people because they feel that they have lost close relationships and do not have the opportunity to share feelings, thoughts and failures. Clients experience difficulties in spontaneous relationships with others which are manifested by isolating themselves, not paying attention and not being able to share experiences (Erfe, 2011)

Based on the results of interviews conducted by researchers with clients, this is caused by stressors caused by several factors, namely: (disturbed family system, genetic factors, sociocultural factors, family factors, influenced by socio-cultural stressors, psychological stress caused by prolonged anxiety). In addition to the environment that leads to humiliation, the inability to adapt to the environment can trigger clients to experience social isolation.

b. Social Isolation of Research Subjects After Therapeutic Communication is Done

Based on the results of the study, it is known that the average client has decreased scores. Social isolation after getting therapeutic communication, the level of social isolation becomes mild (score 3).

In the first subject, the post-test results of mild social isolation level (score 4). Based on the assessment, it was found that the first subject was that the client did not feel lonely. clients still feel rejected by others. clients do not feel insignificant to others. clients do not feel bored hanging out with other people. Clients are not afraid to hang out with other people. the client still feels useless to others. the client is able to concentrate. The client still feels hopeless. The client is not ashamed to look the other person in the eye. The client still feels embarrassed at his current residence. The client also revealed that the social isolation experienced by the client occurred less than one day. the client can carry out daily activities, can relate socially with others, after therapeutic communication the client is no longer afraid to socialize with others, the client feels safe to be with other people and begins to grow confident to deal with other people even though he is not fully confident.

(Laraia et al., 1994) suggests that if a therapeutic relationship between nurse and client has been established, the client can learn how to find satisfaction in interacting with others, so that it can be applied with a good approach so that client and nurse trust grows and then a relationship is established. therapeutic ones. According to (Skinner) behavior can be changed, accompanying thoughts or feelings can also be changed. One of them is by modifying behavior by giving praise or strengthening behavior, this method can also and always be applied in therapeutic communication so that the purpose of the communication can be achieved.

In the second subject, the post-test results of the level of mild social isolation (score 2). Based on the assessment, it was found that the second subject was the client who said he still felt lonely. clients do not feel rejected by others. clients feel useful to others. clients do not feel bored hanging out with other people. Clients are not afraid to hang out with other people. The client has begun to be able to concentrate. clients do not feel hopeless. The client is not ashamed to look at the other person. The client does not feel ashamed at his current residence. Clients also express how comfortable they feel when communicating and feel they have a meaningful relationship with others and begin to lose their fear of socializing with other people.

Therapeutic communication is a consciously planned communication, the goals and activities of which are focused on healing the client. Therapeutic communication is a medium for giving and receiving between nurses and clients, therapeutic communication takes place verbally and non-verbally (Hastuti, 2018).

According to the results of the study (Puspita Sari et al., 2016), suggested that the group's average results after the intervention or after receiving therapeutic communication decreased, while in the control group the average social ability increased. The results of statistical tests showed a significant difference.

IV. Conclusion

Based on the results of the research conducted, it can be concluded that:

- a. Based on the results of the study, the characteristics of the research subjects were male sex 2 people (100%), subjects aged 21 years 1 person (50%), 23 years old 1 person (50%), unmarried subjects 2 people (100%), subjects with 1 junior high school education (50%), 1 subject with high school education (50%) and 2 subjects who work as entrepreneurs (100%).

- b. The level of social isolation before being given therapeutic communication is known that the average client who experiences social isolation before being given Therapeutic Communication is a moderate level of Social Isolation with a score of 6.
The level of social isolation after being given therapeutic communication is known that the average client who experiences social isolation after being given Therapeutic Communication is a mild level of Social Isolation with a score of 3.
There are differences in social isolation before and after being given therapeutic communication to clients of social isolation. This proves that therapeutic communication is one of the therapies that can help reduce the level of social isolation.

Suggestion

- a. For Hospitals
the Sidikalang Regional General Hospital Hospital, they should make a follow-up program and provide a means to implement therapeutic communication for clients who are socially isolated in hospitals, and clients who have received therapeutic communication to continue, training to be continued so that the results become more optimal
- b. Nurses
Psych nurse should more actively apply social isolation nursing care therapy followed by a therapeutic communication
- c. Further Research
The results of this study can be used as basic data to conduct further research and can also be used as a reference to prove that therapeutic communication is very influential on clients of social isolation.

References

- Artika, W., Maryatun, S., & Herliawati, H. (2018). *Pengaruh Terapi Aktivitas Kelompok Terhadap Kemampuan Perawatan Diri Pada Pasien Gangguan Jiwa di Panti Rehabilitas Pengemis, Gelandangan dan Orang Terlantar*. Sriwijaya University.
- Azhar, A. (2018). Students' Trends in Islamic Communication Postgraduate in 2010-2016 State Islamic University of North Sumatera (UINSU). *Budapest International Research and Critics Institute (BIRCI-Journal)*, P.206-214.
- Depkes, R. I. (2011). Badan Penelitian dan Pengembangan Kesehatan. *Riset Kesehatan Dasar*.
- Erfe, E. M. L. (2011). *Balitung Troolaloo, Walang Halong Eklavoo: A critical Analysis of Audience Perception of The News As Reported by Gay News Anchors In The DZMM Radio Show Talakan*.
- Hastuti, E. D. (2018). *Penerapan Komunikasi Terapeutik Dalam Memandirikan Klien Defisit Perawatan Diri: Mandi dan Berhias Di RSJ Grhasia*. poltekkes kemenkes yogyakarta.
- Hidayah, A. N. (2015). Pengaruh Terapi Aktivitas Kelompok Stimulasi Persepsi-Sensori Terhadap Kemampuan Mengontrol Halusinasi Pada Pasien Halusinasi di RSJD dr. Amino Gondohutomo Semarang. *FIKkeS*, 8 (1).
- Hidayati, E., & Meikawati, W. (2017). GAMBARAN TINGKAT PENGETAHUAN KELUARGA TENTANG SKIZOFRENIA DAN DUKUNGAN KELUARGA PADA KLIEN SKIZOFRENIA DI RUMAH SAKIT JIWA DAERAH DR AMINO GONDOHUTOMO SEMARANG. *PROSIDING SEMINAR NASIONAL & INTERNASIONAL*.

- Kanender, Y. R., Palandeng, H., & Kallo, V. (2015). Pengaruh Terapi Relaksasi Otot Progresif Terhadap Perubahan Tingkat Insomnia Pada Lansia Di Panti Werdha Manado. *Jurnal Keperawatan*, 3(1).
- Laraia, M. T., Stuart, G. W., Frye, L. H., Lydiard, R. B., & Ballenger, J. C. (1994). Childhood environment of women having panic disorder with agoraphobia. *Journal of Anxiety Disorders*, 8(1), 1–17.
- Lubis, R., et al. (2019). Survival Strategy for Lokan Seekers in Paya Pasir Village, Kec. Marelan, Medan, Indonesia. *Budapest International Research and Critics Institute-Journal (BIRCI-Journal)*. Volume 2, No 1, Page: 293-303.
- Prabowo, E. (2014). *Buku Ajar Keperawatan Jiwa*.
- Priyastama, R. (2019). *Buku Sakti Kuasai SPSS, Pengolahan Data & Analisis Data*.
- Puspita Sari, C. F., Widodo, A., & Kep, A. (2016). *Upaya Penurunan Frekuensi Halusinasi Penglihatan Dengan Komunikasi Terapeutik Di RSJD Surakarta*. Universitas Muhammadiyah Surakarta.
- Rozi Hamdani. (2017). *Hubungan keputusan minum obat dengan kekambuhan klien gangguan jiwa di wilayah kerja puskesmas sicincin tahun 2017*. STIKes PERINTIS PADANG.
- Saleh, A., Mujahiddin. (2020). Challenges and Opportunities for Community Empowerment Practices in Indonesia during the Covid-19 Pandemic through Strengthening the Role of Higher Education. *Budapest International Research and Critics Institute-Journal (BIRCI-Journal)*. Volume 3, No 2, Page: 1105-1113
- Taslim, T. (2017). *Hubungan Ketidapatuhan Minum Obat dengan Terjadinya Kekambuhan Pada Pasien Skizofrenia di Wilayah Kerja Puskesmas Temon 1 Kulon Progo Yogyakarta 2017*. Universitas Alma Ata Yogyakarta.