

## Case Study of the Application of Ways to Increase Outreach to Patients with Social Isolation Problems at the Puskesmas Bandar Jaya Lahat

A. Gani<sup>1</sup>, Echa Hastuti<sup>2\*</sup>

Nursing Study Program Nursing Diploma Three Program Lahat Poltekkes  
Kemenkes Palembang

**Corresponding Author:** Echa Hastuti [echahastuti49@gmail.com](mailto:echahastuti49@gmail.com)

---

### ARTICLE INFO

*Keywords:* Social Isolation,  
Meet and Talk

*Received :* 18, May

*Revised :* 20, June

*Accepted:* 25, July

©2023 Gani, Hastuti: This is an open-access article distributed under the terms of the [Creative Commons Attribution 4.0 International](https://creativecommons.org/licenses/by/4.0/).



### ABSTRACT

Social isolation is an attempt to avoid interactions and relationships with people. It is characterized by a flat, sad affect, wanting to be alone, an inability to meet other people's expectations, feeling insecure in public places, a history of being rejected, no eye contact, and not having a purpose. The purpose is to learn how to get to know clients in social isolation and to find out the effect of getting to know clients on clients Mrs. H. and Mrs. L. in the working area of the Bandar Jaya Lahat Health Center in 2022. The form of research used is descriptive direct interviews with clients experiencing social isolation, namely making acquaintances and chatting. Results: Reducing signs and symptoms of social isolation and being able to socialize with others.

---

## INTRODUCTION

Mental disorder (psychosis) is a mental state that has no relationship with reality, where during a period of mental disorder, the individual is not aware of what other people are experiencing about the same thing and other people do not respond in the same way. (Fadly & Hargiana, 2018). According to Law no. 18 of 2014 that mental health is a condition in which an individual develops both physically, mentally, spiritually and socially so that the individual is aware of his own abilities, can overcome pressure and is able to contribute to others, be positive for himself and others can become mentally healthy (Nursing et al., 2019)

According to data from the World Health Organization (WHO) (2019) the prevalence of mental disorders worldwide in 2019, there were 264 million people experiencing depression, 45 million people suffering from bipolar disorder, 50 million people experiencing dementia, and 20 million people experiencing schizophrenia. Although the prevalence of schizophrenia is recorded in relatively lower numbers than the prevalence of this typeBased on this, the government is making efforts to overcome the problem of mental disorders, including:

1. Implement a comprehensive, integrated and sustainable mental health service system in the community.
2. Providing the necessary infrastructure and resources for mental health services throughout Indonesia, including medicines, medical devices, and trained health and non-health personnel;
3. Mobilizing the community to provide comprehensive, integrated and sustainable mental health services in the community
4. Provide infrastructure and resources needed for mental health services throughout Indonesia, including medicines, medical devices, and trained health and non-health personnel
5. Mobilizing the community to make preventive and promotive efforts as well as early detection of mental disorders and carry out rehabilitation efforts (Mifachul, 2017).

This method has been proven to reduce the level of hallucinations. One of the results of Sutiyono's 2021 study) is to train patients to get to know other people and practice how to communicate when asking for and providing help in carrying out daily activities, patients can be evaluated in a day, the results show that patients want to shake hands and introduce themselves, patients want to practice how to communicate in asking and giving help in carrying out daily activities.

(N et al.,2021) How to get acquainted is an action that is done by someone against another person by asking the name of the person and asking for the address of another person. Acquaintance is done in several ways such as introducing oneself and getting acquainted, where introducing oneself is the client mentioning the full name, nickname, origin and hobbies. While getting acquainted is done by being able to initiate introductions and interact with other people.

Based on research results (Alfian Wahyu N, et al 2021) How to get acquainted effectively to be able to reduce signs of social isolation symptoms and be able to increase the ability to get acquainted with clients with social isolation nursing problems. By doing client-acquaintance therapy, clients can gradually improve their social skills, especially introducing themselves to other people, asking for other people's names, and asking for other people's addresses. (N et al., 2021)

Data from the South Sumatra provincial health office for 2019 counted from 2017-2019 the number of patients with severe mental disorders totaled 7285 people, in 2018 it rose to 9597 people, and in 2019 it rose to 10,175 people (profile of the South Sumatra provincial health office). Based on data from the Lahat Regency Health Office (Dinkes), there were 1086 people with mental disorders (ODGJ) spread across the Lahat Regency area. This was conveyed directly by the Head of the Health Office (Kadinkes) of Lahat Regency Taufik M Putra SKM, MKes through the Head of P2 PTM, Keswa and Drugs Farlian Fardan SKM said that based on the data on the names recorded in 2020 the number of ODGJ was 1086 according to BNBA, but he himself predicts that this year (2021) will experience a decline. (Sumsel.relasipublik.com | Lahat, )

Based on visiting data from the Bandar Jaya Lahat Health Center in 2021, patients with mental disorders in the Work Area of the Bandar Jaya Lahat Health Center from January to December there were 90 people who underwent treatment in the working area of the Bandar Jaya Lahat Health Center in 2021. (Bandar Jaya Lahat Health Center Profile) The results of a visit to the Bandar Jaya Lahat Health Center found that 90 people experienced mental disorders, 35 people experienced violent behavior, 45 people experienced hallucinations, 6 people experienced social isolation, and 4 people experienced low self-esteem, out of 6 people who experienced social isolation, only 2 people started to be able to socialize with other people.

## **THEORETICAL REVIEW**

### ***Social Isolation***

Social isolation is a condition in which individuals experience a decline or are even completely unable to interact with other people around them (Damayanti, 2012). Clients may feel rejected, not accepted, lonely, and unable to build meaningful relationships with others (Keliat, 2011). Social isolation is also the loneliness experienced by individuals and is felt when pushed by the presence of other people as negative or threatening statements (NANDA-I in Damaiyanti, 2012).

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 relations (DepKes, 2000 in Direja, 2011). Social isolation is a client's attempt to avoid interaction with other people, avoid relationships with other people and communication with other people (Trimelia, 2011).

The occurrence of this disorder is influenced by predisposing factors including development and socio-culture. Failure can result in individuals not

believing in themselves, not believing in others, doubtful, afraid of being wrong, pessimistic, hopeless towards others, unable to formulate desires, and feel depressed. This condition causes the behavior of not wanting to communicate with other people, preferring to be silent, avoiding other people, and daily activities (Direja, 2011).

According to Stuart and Sundeen (2007) in Ernawati (2009). One of the disturbances in social relations includes withdrawal behavior or 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 regressive or backwards, experiencing a decrease in activity and a lack of attention to appearance and personal hygiene. Clients are increasingly immersed in travel and past behavior as well as primitive behavior, including autistic speech and behavior that is not in accordance with reality, resulting in further hallucinations (Ernawati, 2009).

This behavior is usually caused by a person's low self-esteem, immediately feeling embarrassed to interact with other people. If no further intervention is carried out, it will cause changes in sensory perception: hallucinations and the risk of injuring oneself, others, and even the environment (Herman Ade, 2011).

Coping mechanisms are used by clients as an effort to overcome anxiety which is a real loneliness that threatens them. The coping mechanisms that are often used are projection, splitting and isolation. Projection is a desire that cannot be tolerated and the client pours out emotions on others because of his own mistakes. Splitting is an individual's failure to interpret himself in judging good and bad. Meanwhile, isolation is the behavior of alienating oneself from other people and the environment (Sutejo, 2017).

Clients with social isolation are increasingly immersed in primitive past travel and behavior, including autistic speech and behavior that is not in accordance with reality, resulting in a further risk of sensory perceptual disturbances: hallucinations, injuring oneself, others and the environment and decreased activity so that it can cause self-care deficits (Damaiyanti, 2012).

### ***Application of How to Get to Know Clients of Social Isolation***

Getting to know each other is a way for individuals to get to know each other, establish trust, and socialize with the environment. In patients with social isolation, training how to get acquainted is needed so that patients can communicate and socialize (Yosep, 2009).

The purpose of this is to train how to get acquainted aims to improve interpersonal skills in clients with interpersonal relationship disorders by training client skills that are always used in relationships with other people. Training how to get acquainted as a behavior modification technique has been widely carried out and the level of success has also been studied. Effectively used to improve a person's ability to interact, increase self-esteem, improve performance and reduce anxiety levels.

The acquaintance is carried out through 4 stages: Modeling, namely the stage of presenting models that are needed by trainees specifically, in detail, and frequently. Role playing, namely the role-playing stage where trainees get the opportunity to play out a social interaction that is often experienced in accordance with the topic of interaction played by the model. Performance feedback, namely the stage of providing feedback. This feedback should be given as soon as the trainee tries to let those acting know how well he or she is carrying out the training steps. Transfer training, namely the stage of transferring skills acquired by individuals during training into everyday life.

## **METHODOLOGY**

The design of this case study is descriptive analytic in the form of a case study to explore the problem of implementing ways to increase outreach to patients with social isolation problems at the Bandar Jaya Lahat Health Center 2022. The approach used is the nursing care approach which includes assessment, nursing diagnosis, planning, implementation, evaluation and documentation. The research subjects used in nursing research are patients with social isolation problems. The research subjects that have been examined are at least two cases with the same nursing problem, namely social isolation with the following subject criteria:

- a. Patients with social isolation who are cooperative
- b. Patients with male or female gender
- c. Patients with a target age of 30-40 years
- d. Patients can be invited to interact

Case study research focuses on implementing ways to increase socialization in patients with social isolation problems. The study does not know the population and sample, but rather refers to the term case study subject because at least two patients are observed in depth as the subject of a case study. Case study subjects need to formulate inclusion and exclusion criteria.

### ***a. Inclusion Criteria***

Inclusion criteria or characteristics that need to be met by each member of the population that can be taken as a sample (Notoatmojo, 2018). The inclusion criteria in this panel were:

- 1) Patients with social isolation problems
- 2) Social isolation patients who are cooperative
- 3) Patients aged 30-40 years

### ***b. Exclusion Criteria***

Exclusion criteria are characteristics of members of the population who are not taken as a sample (Notoatmojo, 2018). The exclusion criteria in this panel were:

- 1) The patient is not cooperative
- 2) Patients who refuse the study
- 3) The patient does not experience signs of social isolation

## RESULTS AND DISCUSSION

From the results of research on changes in clients in implementing acquaintance and conversation exercises, it was found that there were changes between after and before the intervention was carried out to train the ability to meet and talk in overcoming the problem of social isolation. At the implementation stage, the writer carries out nursing actions according to what has been determined: building a relationship of mutual trust, recognizing auditory hallucinations, then evaluating the patient's strategy to overcome the problem of social isolation by implementing ways to increase socialization in patients with social isolation problems, talking with other people and conversing with people around the house.

Actions carried out on the patient Ny "H" gave results with the patient being able to build a relationship of mutual trust, the patient answered questions well, when discussing the problem of social isolation, evaluating how to socialize by making acquaintances and talking, with implementation strategies, then overcoming the problem of social isolation by practicing acquaintances and conversations.

Meanwhile, when the method of getting to know and talking to Mrs. "L" was carried out, she seemed happy, she was able to practice how to get to know and talk well and the patient was no longer gloomy and sad. Comparison of the implementation of how to get to know and talk to 'Mrs H" and Mrs "L" shows that both patients were able to follow instructions well and at the time of evaluation

Mrs "H" and Mrs "L" said that the way of getting to know each other and talking made them feel calmer, and fun and changed their mood for the better. The implementation carried out by the author is to explain the causes of social isolation, mention the advantages and disadvantages of not socializing with other people, teach patients how to get acquainted and talk to people around them. It is carried out for 20 minutes at each meeting, during implementation the patient looks happy. A comparison of the application of getting to know and talking to Mrs H and Mrs L showed that both patients were able to follow the nurse's instructions well and during the evaluation Mrs H and Mrs L said they were happy to be able to meet and chat with other people.

According to the results of the study (sutyono 2021) train patients to get to know other people and practice how to communicate when asking for and providing help in carrying out daily activities, patients can be evaluated within a day, the results show that the patient wants to shake hands and introduce themselves, patients want to practice how to communicate in asking and giving help in carrying out daily activities.

According to research results (Aji PR 2017), with the title efforts to increase socialization by training how to get to know patients with social isolation. This implementation strategy was successfully applied to patients with social isolation for 3 days with 2x meetings every day able to provide gradual progress in socializing with other people.

## **CONCLUSIONS AND RECOMMENDATIONS**

### **Conclusion**

After the writer carried out the application of mental nursing to Mrs H and Mrs L with social isolation problems in the working area of the Bandar Jaya Lahat Public Health Center which was carried out from March 17 to March 21 2022, the writer concluded that the writer was able to achieve a specific goal, namely providing the application of acquaintance and conversation exercises to patients who experience social isolation problems. After carrying out nursing actions for 3 consecutive days Mrs H and Mrs L began to understand how to socialize by using acquaintance and conversation strategies. So it is hoped that Mrs H and Mrs L will be able to apply the implementation strategy that has been taught. All evaluation criteria are met, some of the problems have been resolved with the indicators that have been set, namely Mrs H and Mrs L have been able to demonstrate how to get to know each other and have a conversation. The author also provides reinforcement and support for patients to maintain what has been demonstrated.

### **Suggestion**

1. For Patients / Families. It is expected to speed up the process of healing and recurrence of this problem, by carrying out the application of nursing in the form of routine implementation strategies, especially in home care.
2. For the Development of Nursing Science. It is hoped that this can add references that can support the preparation of final project reports for students, especially references about mental nursing.
3. For the Bandar Jaya Lahat Health Center. It is expected to be able to carry out nursing care in accordance with an action plan made based on a predetermined Standard Operating Procedure (SOP) and increase client activities.

## **FURTHER STUDY**

This research still has limitations, so it is necessary to carry out further research related to the topic "Application of Ways to Increase Outreach to Patients with Social Isolation Problems" to improve this research and add insight to the reader.

## **REFERENCES**

- Fadly, M., & Hargiana, G. (2018). Studi Kasus: Asuhan Keperawatan Pada Klien Isolasi Sosial Pasca Pasung. *Faletahan Health Journal*, 5(2), 90-98. <https://doi.org/10.33746/fhj.v5i2.14>
- Keperawatan, P., Sosial, I., Tn, P., Skizofrenia, D., Ruang, D. I., & Puntadewa, W. (2019). *Karya Tulis Ilmiah Rumah Sakit Jiwa Prof. Dr Soerojo Magelang Oleh: Sahril Jatiwaluyo.*

- N, A. W., Hasanah, U., & Dewi, N. R. (2021). Penerapan Cara Berkenalan Untuk Meningkatkan Sosialisasi Pada Klien Isolasi Sosial. *Jurnal Cendikia Muda*, 1(3), 306–312.  
[http://repository.umy.ac.id/bitstream/handle/123456789/13655/BUKU MODUL BLOK RESPIRASI 2016 - PSIK FKIK UMY.pdf?sequence=1](http://repository.umy.ac.id/bitstream/handle/123456789/13655/BUKU%20MODUL%20BLOK%20RESPIRASI%202016%20-%20PSIK%20FKIK%20UMY.pdf?sequence=1)
- Aji R. (2017). Upaya meningkatkan sosialisasi dengan melatih cara berkenalan pada klien isolasi sosial: menarik diri. *Upaya Meningkatkan Sosialisasi Dengan Melatih Cara Berkenalan Pada Klien Isolasi Sosial: Menarik Diri*, 5(December), 118–138.
- Dan, K., & Skill, S. (2021). Perbedaan penerapan asuhan keperawatan pada pasien isolasi sosial dengan pendekatan. 6(2).
- Pangestu, A. P., Sulistyowati, P., & Purnomo, R. (2019). Gambaran Terapi Aktivitas Kelompok Sosialisasi Pada Pasien Isolasi Sosial: Menarik Diri Di Ppslu Dewanta Cilacap Rpsdm “Martani” Cilacap. *Journal of Nursing and Health (JNH)*, 4(1), 1–8.