

Application of Acquaintance Socialization to Overcome Social Isolation Using Peplau's Theory Approach: A Case Report

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Abstract

Background: Social isolation is one of the treatment problems experienced by many patients with severe mental disorders. Social isolation is an experience of being alone from someone and feeling reluctant towards other people as something negative or a threatening situation.

Aims: The aim of this research is to provide care for social isolation clients with socialization interventions to find them in the canary room of a mental hospital.

Methods: The method used is nursing care which is carried out by applying standard implementation actions which consist of 4 sessions, namely explaining the benefits of many friends, practicing how to get to know each other, practicing conversing and getting to know lots of people.

Result: The patient is in a condition where for the last 2 months he rarely interacts, likes to be alone and stays in his room. During the assessment, the patient became increasingly apathetic.

Conclusion: Based on the evaluation carried out, the client is able to carry out conversation exercises while carrying out daily activities, the client is able to carry out the schedule that has been made together, the client is able to understand the correct use of medication.

Keywords: Social Isolation, Acquaintance, Socialization

INTRODUCTION

Mental disorders are changes in mental function that cause disturbances in mental function, which cause suffering to individuals or obstacles in carrying out social roles. One of the nursing problems that occurs in clients with mental disorders is social isolation or withdrawal (Budiman, M Elyas Arif, Zidni Nuris Yuhbaba, 2021).

Social isolation and withdrawal is a condition when a person experiences a decline or is even unable to interact with other people and their surroundings. Social isolation is a problem that has the potential to affect mental health and reduce an individual's quality of life. Although social isolation may not be an acute problem, research shows that isolation increases the risk of depression and suicide (Nuris Yuhbaba et al., 2022).

Population surveys show varying prevalence rates of social isolation in different samples and stages. Global prevalence rates reported in a recent meta-analysis noted that the prevalence of loneliness in adolescents (12–17 years) differs depending on region (9.2% in Southeast Asia to 14.4% in Eastern Mediterranean countries) and in young people (18–29 years) is 5.3% 29. The prevalence of social isolation in the world is around 46,200 people experiencing social isolation disorder, in Indonesia the number of sufferers experiencing social isolation is 21.9%) (Kosanke, 2019).

Individuals with social isolation experience emotional pain. Losing a sense of connection and community can change the way a person views the world. A person experiencing chronic social isolation may feel threatened and distrustful of others.

This condition illustrates that the prevalence of mental health problems, both mild to severe mental disorders, is quite high and requires serious and continuous treatment (Kosanke, 2019).

Nursing action is a way to overcome the problem of mental disorders, especially clients with social isolation, with various strategies, the first is a trusting relationship approach, helping patients recognize the causes of social isolation, especially withdrawal, helping patients recognize the benefits of social relationships and the disadvantages of not socializing with other people.

The nursing care provided is more focused so that goals can be achieved optimally, so nursing theory is needed as a basis for taking action. Peplau's theory has proven to be widely used by later nurse theorists and clinicians in developing more sophisticated and therapeutic nursing interventions, including the seven nursing roles, which demonstrate the dynamic character of roles that are unique to clinical nursing.

The background and phenomena that have been explained prove that there are still many people who experience schizophrenia disorders with problems of social isolation, so the author is interested in providing nursing care to patients by getting to know and inviting the patient to talk to other people in order to train the development of the patient's social relationships.

METHOD

The initial stage is to carry out a nursing assessment to collect data from several sources, namely from patients and health workers in the room. The author had a little difficulty in concluding the data because the patient's family rarely visited patients in mental hospitals. So the author approaches patients through more open therapeutic communication, helps patients to resolve their feelings and also makes observations

with patients. These efforts are: taking an approach and building a relationship of mutual trust with the patient so that the patient is more open and more trusting by using feelings and conducting patient assessments through interviews.

The nursing diagnosis made in this case is Sensory perception disorder: Social isolation. Interventions are made specifically and operationally consisting of what activities will be carried out, how, how often, and even better if it is identified who will do them. The nursing intervention given to patients is divided into 4 sessions using the Peplau theory approach, namely session 1: Explaining the advantages and disadvantages of having friends, session 2: Practicing getting to know 2 or more people, session 3: Practicing conversation while carrying out daily activities and sessions. 4: Practice social speaking: Asking for things, talking and other supportive activities.

RESULTS & DISCUSSION

The patient came to the mental hospital with a condition where the patient rarely interacted for the last 2 months, liked to be alone and kept quiet in his room. When the assessment was carried out, the patient became more apathetic and only said the word "Don't know." The patient had failed in marriage so he felt like a failure in his life and the patient had previously experienced mental disorders and was hospitalized one year ago. The patient never participates in group activities, the patient refuses to have contact with other people, breaks off conversations, or leaves when asked to have a conversation and Refuses to have contact with other people, breaks off conversations, or leaves when asked to have a conversation Impaired social functioning is one type of disorder that is often experienced by schizophrenic patients. This disorder largely interferes with the patient's adjustment and impacts the ability to start and maintain relationships, start and

maintain work, make decisions and maintain personal hygiene. The patient's condition is often ignored because it does not significantly disturb or damage the environment, but if not handled properly, social isolation can result in a risk of change sensory perception hallucinations or even behavior that injures oneself and others (Silaen, 2021).

Affective responses in patients with social isolation are feeling sad, dulled affect, feeling ignored by others, embarrassed, lonely, feeling rejected by others and feeling depressed or depressed. This is in accordance with Nanda (2012), the affective response in social isolation patients is feeling bored, and slow in spending time, sad, dull affect and lack of motivation. The physiological response in patients with social isolation is difficulty sleeping, a gloomy face, lack of enthusiasm and feeling tired. In this nursing care, physiological decline was found. The decrease in physiological response is in line with the statement from (Stuart, 2013) which states that damage to the hypothalamus in mental disorders patients will make a person lose mood and motivation to do something and lose the mood to carry out socialization activities with other people. Patients who were treated in the room after socialization for getting to know each other for 1 week saw physiological changes where before the therapy was given the patient's face looked gloomy and tended not to smile and the face looked tense and after being invited to chat and get to know the patient looked smiling and enthusiastic.

The behavioral response in patients with social isolation is daydreaming a lot, doing incomplete work, staying in the room a lot, being busy with their own thoughts and being unable to carry out daily activities. In this nursing care, this behavior is obtained (Ma et al., 2020). The behavioral response in patients with social isolation is in accordance with (Keliat, 2010) which states

that the behavioral response that appears in patients with social isolation is withdrawal, staying away from other people, not or being lazy about communicating, no eye contact, lazy about moving and doing activities, staying in the room, refusing to have contact with other people and a hostile attitude. In this scientific work, the behavioral response that often experiences a decrease in assessment of sensors is staying in the room and doing incomplete work. The action taken to reduce these signs and symptoms is that the author tries to motivate patients to talk to other patients so that they have communication skills, and involve patients. In group activities, patients are motivated to complete the work to completion.

The identification phase is the phase where the nurse carries out an assessment of the patient by exploring the patient's feelings. The assessment carried out by the nurse uses an assessment format based on Stuart, which consists of predisposing factors/supporting factors, precipitating factors/triggering factors, namely a stimulus that is perceived by the individual as an opportunity, threat, demand for stressor assessment. In this identification phase, the nurse explores everything that the patient feels and that the client hopes for, this is in accordance with (Parker & Smith, 2010) which states that in this orientation phase the client expresses all the feelings he wants to overcome and the nurse helps the client to improve according to what felt by the client. In this identification phase the nurse determines the nursing diagnosis, determines the goals and outcome criteria and determines the action plan to be carried out and evaluated (Parker & Smith, 2010). The author in this case determines the diagnosis for clients with social isolation problems and behavioral risk problems violence, setting goals and action plans to be carried out and planning evaluations to be carried out, after everything has been determined the author

enters the work stage/exploitation phase (Lai et al., 2023).

The work phase or exploitation phase is the phase where nurses carry out care management for clients with social isolation and the risk of violent behavior experienced by clients (Dian Novianti Kurniasih et al., 2023). The author tries to overcome this by providing generalist social isolation therapy. The author carried out this therapy with the help of room nurses and nursing students who were practicing by dividing cases managed during the preconference. Before providing generalist therapy, the nurse carries out an assessment and carries out a pre-test on the patient by asking about several signs of symptoms of social isolation, as well as the client's ability to socialize. Generalist therapy is given simultaneously with group activity therapy and specialist therapy. The specialist therapy provided is social skills training. The aim of providing this therapy is so that the client has good communication skills, and the client is able to change the client's behavior which is still not good, where the end result is that the client is able to be assertive in overcoming all the stressors faced by the client (Amalia, 2013).

The exploitation phase is a phase where the client is dependent, independent and interdependent, which aims to make the client able to reduce anxiety and ultimately the client is able to solve his own problems (Parker & Smith, 2010). In this exploitation phase, the nurse provides the client with skills in socializing and changing the client's thoughts and behavior into good client thoughts and behavior and in the end the client is able to be assertive, stating that this orientation phase is to provide the ability to overcome problems in new ways, having the ability to overcome problems. and able to carry out interpersonal relationships. Peplau's interpersonal relationship ends with the resolution phase, which is the phase where the client frees

himself from his dependence on the nurse and the client is able to have new ways of overcoming the problem of social isolation and the risk of violent behavior, which is a problem felt by the client, and at this stage the client is able to overcome the problem by new ways that he has learned. The efforts made by the nurse in this phase are to motivate the client to continue using the methods that the client already has by continuing to evaluate the client's abilities so that it is hoped that the client will be able to use these methods forever (Parker & Smith, 2010).

Peplau's interpersonal relationships using the Stuart approach are very suitable for clients with social isolation. Clients with social isolation tend to find it difficult to express their feelings well to people they don't know. The existence of phases in Peplau's interpersonal relationships allows nurses to build a relationship of mutual trust with clients. After a relationship of mutual trust is established, the client can express the client's feelings well so that the client's problems can be resolved well. The stages of this relationship make the client trust the presence of the nurse so that the nurse can easily carry out nursing care according to what the client needs.

The application of the introduction method to social isolation patients aims to gradually increase the patient's socialization abilities, especially introducing themselves to other people, asking other people's names, and asking other people's addresses. Acquaintance therapy is included in environmental therapy, because getting acquainted is deliberately carried out in order to form interactions in the client's environment, where the purpose of getting acquainted is to help clients learn to interact with other people, trust other people, satisfy themselves and others, thereby increasing their ability to interact and feel. useful for other people (Tanjung & Pardede, 2023).

The problem of social isolation can be addressed by getting acquainted, which is used as a way to increase patient socialization with the problem of social isolation nursing, so that getting acquainted is useful for increasing the socialization of social isolation patients. Socialization with acquaintance training becomes a bridge for other types of socialization. Acquaintance that is carried out well will open up wider space to develop socialization between clients and other people, with the hope that clients will be able to maintain and continue their socialization after the acquaintance is successfully carried out.

CONCLUSION

The application of the introduction method to social isolation patients aims to gradually increase the patient's socialization abilities, especially introducing themselves to other people, asking other people's names, and asking other people's addresses.

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