



## THE EFFECT OF SOCIAL SKILL TRAINING (SST) THERAPY ON THE ABILITY OF SOCIAL INTERACTION IN PATIENTS WITH SOCIAL ISOLATION AT REJOSO PUBLIC HEALTH CENTER, NGANJUK REGENCY

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### ABSTRACT

Social isolation patients have serious problems with their ability to interact with others. Social isolation is a mental nursing problem where the client is in a state of solitude experienced by the individual and perceived as a negative and life-threatening condition. The purpose of this study was to analyze the effect of Social Skill Training (SST) therapy on social interaction skills in patients with social isolation problems.

The research design was one group pre-post test design. The population in this study were all social isolation patients at Rejoso Public Health Center, Nganjuk Regency with a sample size of 30 people using simple random sampling. Data collection using a questionnaire. Processing data by editing, coding, scoring, tabulating, and analysis using the Wilcoxon statistical test with alpha 0.05.

The results showed that the social interaction ability in social isolation patients before being given Social Skill Treatment (SST) therapy was mostly sufficient at 60% and the social interaction ability in social isolation patients after being given Social Skill Treatment (SST) therapy was mostly sufficient at 66.7 %. The results of the Wilcoxon analysis test showed that the p-value = 0.002 was smaller than alpha 0.05 so that the alternative hypothesis was accepted.

The conclusion in this study is that there is an effect of Social Skill Training (SST) therapy on the ability of social interaction in patients with social isolation problems.

**Keyword : Social Skill Treatment (SST), social interaction, social isolation**

### INTRODUCTION

Social isolation is a condition where patients have difficulty interacting with their social environment. Interaction difficulties can be characterized by rarely / unwilling to communicate with other people, refusing to connect with other people, lack of eye contact, staying away from others, being silent, not doing activities, having no close friends, and looking sad, and having a dull affection. social isolation patients have difficulty making social interactions with the environment and society. Kirana (2018)

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explains in her research that social isolation is a mental nursing problem where the client is in a state of solitude experienced by the individual and is perceived as a negative and life-threatening condition.

WHO (2016) for people with mental disorders is estimated that there are around 450 million people with mental and behavioral problems worldwide, so it is estimated that one in four people will suffer from mental disorders during their lifetime according to data. People with mental disorders in the world have a high prevalence



(Ayuningtyas, 2018, pp. 1-10). The number of people with psychotic mental disorders was 282,654, while the number of people with psychotic mental disorders who were shackled was 1,929 and for the last 3 months the number of people with psychotic mental disorders who were shackled decreased by 309. The number of people with psychotic mental disorders in East Java was 43,890 (Riskasdas, 2018).

Social isolation has recognizable symptoms in the form of cognitive symptoms which include feeling rejected by others or their environment, having feelings of loneliness in oneself, feeling not understood by others, easily hopeless, having no life goals, avoiding, and being unable to make decisions. Social isolation in addition to generating cognitive symptoms also raises affective symptoms in the form of feelings of sadness, depressed conditions, loneliness, anger, apathy, and shame. The impact that arises when social isolation patients are not treated is the risk of changes in sensory perception. Changes in perception and sensory can be in the form of hallucinations, risk of occurrence suicide because of affective symptoms of depression and anger. The impact requires preventive handlers so that patients with social isolation after treatment are able to interact with other individuals or their environment, so therapy is needed in the form of social skills training (Sukma, 2018).

There are many actions to increase patient interaction with social isolation, one of which is to use Social Skills Therapy (Kirana, 2018). Social skills training is a skill that is used to interact and communicate between individuals and others. Social skills are used as a learning process in a functional way. Social skills have been proven to be effective in increasing an individual's ability to adapt socially, social interaction skills, reduce psychiatric symptoms so that this therapy can minimize relapse rates and increase individual

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self-esteem. Patients with a background of social isolation can be given therapy in the form of social skills training. Skill Training (SST) can be used as an intervention with behavioral improvement techniques based on the principles of role-playing, principles, and feedback used to improve individual abilities in socializing. Social Skill Training (SST) is designed to improve the ability of individuals who have difficulty interacting including skills to give praise, complain about disagreeing, reject other people's requests, exchange experiences, claim personal rights, give advice to others, solve personal problems Social Skill Training (SST) is a modified specialist therapy, so it is hoped that not only using social skills therapy in the form of group activity therapy but Social Skill Training (SST) is expected to be an effective specialist therapy in increasing social interaction skills (Renidayati et al. 2014)

This study aims to analyze the effect of Social Skill Training (SST) therapy on social interaction skills in patients with social isolation problems.

## **MATERIAL AND METHODS**

The design of this research is a pre-experimental design with One group pre-post test design, namely using one treatment group, before and after being given the treatment, the group will be observed. This study used one group, namely social isolation patients who were observed before and after being given Social Skill Training (SST) therapy. This Social Skill Training (SST) therapy is carried out in 5 sessions, namely Session 1: group orientation, assessment and training in communication skills, Session 2: training the ability to make friends, Session 3: training the ability to be involved in joint activities,



Session 4: training communication and overcoming difficult situations, Session 5: evaluating. Each session is carried out for 60 minutes and one day for one session. This research was conducted at RejosoPuskesmas, Nganjuk Regency, East Java. The population in this study were all patients with social isolation at Rejoso Public Health Center, Nganjuk Regency, East Java with a total

sample of 25 people. The sampling technique in this study was simple random sampling, which is how each element is selected randomly. Collecting data on social interaction skills using a questionnaire. Processing data using editing, coding, scoring, tabulating, and analysis using the Wilcoxon statistical test with alpha 0.05.

## RESULT

### 1. Characteristics of respondents based on age

Table 1. Frequency distribution of respondents by age at PuskesmasRejoso, Nganjuk Regency, East Java, 2020

Age	Frecuency	Percentage
15 – 22	2	8
23 – 30	10	40
31 – 38	6	24
39 – 46	2	8
47 – 54	2	8
55 – 62	3	12
<b>Total</b>	25	100

Based on table 1 shows that the age of the respondents is almost half of 23-30 years as much as 40%

### 2. Characteristics of respondents based on gender

Table 2. Frequency distribution of respondents based on gender at PuskesmasRejoso, Nganjuk Regency, East Java, 2020

Gender	Frecuency	Percentage
Laki – laki	20	80
Perempuan	5	20
<b>Total</b>	25	100

Based on table 2, it shows that the gender of the respondents is mostly male as much as 80%.

## Special Data

### 1. Social Interaction Skills before being given social skill training (SST) therapy

Table 3. Frequency distribution of respondents based on their social interaction skills before being given social training therapy (SST) at RejosoPuskesmas, Nganjuk Regency, 2020

Before	Frequency	Percentage
Good	2	8
Enough	17	68
Less	6	24
<b>Total</b>	25	100.0



Based on table 3, the data shows that most of the respondents have sufficient characteristics, amounting to 17 people with a percentage of 68% before the Social Skill Training (SST) therapy.

## 2. Social interaction skills after being given social skill training (SST) therapy

Table 4. Frequency distribution of respondents based on social interaction skills after being given social training therapy (SST) at Rejoso Puskesmas, Nganjuk Regency, 2020

After	Frequency	Percentage
Good	3	12
Enough	20	80
Less	2	8
<b>Total</b>	<b>25</b>	<b>100.0</b>

Based on table 4, the data shows that most of the respondents have sufficient characteristics, amounting to 20 people with a percentage of 80% after the Social Skill Training (SST) therapy.

## 3. Effect of Social Skill Training (SST) Therapy on Social Interaction Ability in Patients with Social Isolation

Table 5 Cross-tabulation of the effect of Social Skill Training (SST) Therapy on the ability of social interaction in social isolation patients at Puskesmas Rejoso, Nganjuk Regency, 2020.

Pre test	Post test						Total	
	Good		Enough		Less		F	%
	F	%	F	%	F	%	F	%
<b>Good</b>	2	8%	0	0%	0	0%	2	8%
<b>Enough</b>	1	4%	16	64%	0	0%	17	68%
<b>Less</b>	0	0%	4	16%	2	8%	6	24%
<b>Total</b>	3	12%	20	80%	2	8%	25	100%

### Wilcoxon statistical test results p value = 0.002

The analysis in this study used the Wilcoxon sign rank test using computer software with an error rate of 0.05. The data above shows that the results of the Wilcoxon sign rank test with the Social Skill Training (SST) therapy variable on the ability of social interaction in social isolation patients at Rejoso Public Health Center, Nganjuk Regency, obtained p-value = 0.002 where p-value  $< \alpha$  0.05 then H1 is accepted which means there is an influence Social Skill Training (SST) therapy on social interaction skills in social isolation patients at Puskesmas Rejoso, Nganjuk Regency.



## DISCUSSION

### 1. Social Interaction Skills before being given social skill training (SST) therapy

Based on table 3, it shows that the social interaction ability of patients with social isolation before being given social skill training therapy was found to be mostly sufficient at 68%.

According to researchers, the factor that influenced it was age, most of the respondents were 23-30 years old. Age 23-30 years includes the age of young adults where the transition period from adolescence. Erickson (in Monks, Knoers&Haditono, 2001) says that someone who is classified in early adulthood is in a stage of warm, close, and communicative relationships with or not involving sexual contact. If they fail in the form of intimacy, they will experience what is called isolation (feeling isolated from others, lonely, blaming themselves for being different from others). Characteristics of a person's age indicate that there is a relationship with one's experience in utilizing resources, support in dealing with various stressors, as well as support and skills in coping mechanisms for a problem (Stuart, 2013).

The second factor is gender, most of the respondents are male. This is by following per under the results of Riskesdas (2013) which states that men with severe mental disorders are more experienced by men than women. Men have the responsibility of earning a living or the backbone of the family so that men

are required to be able to work hard while employment is limited (Keliat, 2011).

The pre-test data tabulation of the results of the respondents 'questionnaire shows that social interaction is mostly sufficient because of the respondents' answers to questions about mentioning the benefits of interacting with others, mentioning the disadvantages of not interacting with others, and having a schedule of activities to talk to other people as one daily activity have a sufficient category.

### 2. Social interaction skills after being given social skill training (SST) therapy

Based on table 4, it shows that the ability of social interaction in social isolation patients after being given social skill training therapy was found to be mostly sufficient at 80%.

Researchers argue that the increased ability of social interaction can be supported by the factor of building mutual trust between clients of social isolation and researchers so that therapy can be carried out properly. some patients have sufficient and less social interaction skills. There are several contributing factors, namely the intellectual ability of the patient who is unable to follow the investigator's instructions when administering therapy. Another factor in the form of clients is not comfortable with doing therapy for up to 5 sessions, so there are still post-test results with sufficient and insufficient abilities.

The results of the post-test contained in the tabulation show that the average value of the results of the respondents' questionnaire shows that social interaction



after being given social skill training therapy shows an increase compared to before being given therapy even though it is still in the same category, which is sufficient. This is because the answers from the respondents to the questions mentioned the advantages of interacting with other people, getting to know one person, getting to know two or more people, having a schedule of chatting with other people as one of their daily activities, and having conversations with others according to the daily schedule. have enough categories. This is related to the provision of Social Skill Training (SST) therapy, where out of the 5 sessions, more training was conducted in the form of communication, both communications with researchers, nurses, and between respondents so that respondents were able to communicate.

The ability of nurses to build trusting relationships in social isolation patients takes a long time and often, but it is not easy to foster mutual trust, so nurses need to practice social interaction skills gradually (Keliat, 2009).

3. The effect of Social Skill Training (SST) Therapy on the ability of social interaction in social isolation patients.

Based on the Wilcoxon sign rank test statistical test, the p-value was 0.002 where the p-value was  $<0.05$ , then  $H_1$  was accepted, meaning that there was an effect of Social Skill Training (SST) Therapy with Social Interaction Ability in Social Isolation Patients at Rejoso Public Health Center, Nganjuk Regency.

Researchers argue that the results obtained in this study are relevant because the differences in social interaction among respondents can be seen from the results of the evaluation sheet. The success rate of this therapy is not only found in respondents but also influences the researcher's ability to conduct social skill training therapy on the respondents so that a trusting relationship is built between the researcher and the respondent.

The tabulation results showed that before the Social Skill Training (SST) therapy was carried out there were 6 people with poor social interaction skills and after therapy, there were 4 people who experienced an increase to the sufficient category. There were 17 people with sufficient social interaction ability before being given therapy and after being given therapy, only 1 person experienced an increase in the good category. There were 2 people with good social interaction ability before being given therapy and after being given therapy also remained in a good category. This is because these respondents are cooperative in participating in Social Skill Training (SST) Therapy. Social Skill Training (SST) therapy can be done well if the patient is in a cooperative state so that the patient is able to pay attention, remember, and carry out this therapy.

The post-test data shows that there are 2 respondents in the poor category where the pre-test respondents also get fewer scores with the same score. This could be due to a factor in the form of the respondent's intellectual ability who was





unable to attend the Social Skill Training (SST) Therapy conducted by the researcher. The post-test data also shows the results of the respondents' social interaction ability in the sufficient category of 20 people, previously from the pre-test data, the respondents with sufficient categories were 17 people. The difference shows that with the Social Skill Training (SST) therapy the ability of social interaction is only 1 respondent who was initially good enough and there were 16 respondents who had a fixed category during the pre-test or post-test. The results showed that the provision of Social Skill Training (SST) therapy was effective in increasing social interaction skills in patients with social isolation.

This social skills training is carried out in groups. Therapy carried out in groups provides benefits for clients. Each client is given the opportunity to practice in groups so that they perform social skills and feel the emotions that accompany the behavior. This is in accordance with the opinion of Corrigan, et al. (2009) which states that social skill training therapy with a group approach has more advantages than an individual approach because it is more economical in terms of time, i.e. one time can handle multiple clients at once, has more role models because clients in see the skills possessed by all group members, among group members provide mutual support and help each other at the same time generate confidence that clients are useful and able to help others.

The results of this study are in line with research conducted by Renidayanti (2008) which shows that there is an

increase in socialization skills in social isolation clients after being given SST therapy. In addition, research conducted by Jumaini (2010) also shows that there is an increase in cognitive abilities and socialization in social isolation clients after being given Cognitive Behavior Social Skill Training (CBSST) therapy.

This research is supported by research conducted by DiahSukaesti (2018) with the title Social Skill Training for Patients with Social Isolation, showing that the results of client communication skills after taking action increased by 53.4%

in the client's ability to get acquainted with body postures and make friendships. Social Skill Training makes clients with schizophrenia more optimal physically, emotionally, socially, and vocally so that it is concluded that the client's ability after therapy is increased.

This research is also supported by research conducted by Latifah and Puja Rahayu (2020) entitled The effect of social skill training therapy in the stage of training communication skills in schizophrenic patients using a pre-experimental research design one group pre-post-test. The number of samples of 11 respondents indicated that the results of the Wilcoxon sign rank test showed that the value of  $p = 0.003 < \alpha 0.05$  means that there is an effect of social skill training therapy in the stage of training communication skills in schizophrenic patients.

Another supporting research is research conducted by Tobing, D.L, et al, 2018 with the title The effect of social skill



training therapy on the social skills of schizophrenia clients at Dr. Mental Hospital. SoehartoHeerdjan Jakarta. The research design used was a quasi-experiment pre and post-test with the control group, the research sample was 24 respondents divided into 2 groups, namely 12 intervention groups and 12 control groups. The results showed a significant increase in socialization skills with a value of  $p = 0.001$ . This social skill training group therapy can be used as a therapy to improve the socialization skills of clients with social isolation problems.

Social skill training therapy in real has a very significant impact on clients of social isolation, namely showing a significant increase in their ability to interact with other people both in the family and in the community. Clients who can socialize can expand relationships and have many friends so that they can open up insights into the surrounding environment (Sutejo, 2013)

## CONCLUSION

1. Most of the social interaction skills in social isolation patients before being given social skill training therapy are adequate
2. Social interaction skills in social isolation patients after being given social skill training therapy, most of the categories were sufficient
3. There is an effect of social skill training therapy with social interaction skills in social isolation patients.

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