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The effect of group therapy activities on social dysfunction among patients with serious mental illness

Asep Aep Indarna[1]*, Mustikasari[2], Achmad Setya Roswendi[3], Susanti Niman[4], Khrisna Wisnusakti[3]

[1]Fakultas Keperawatan Universitas Bhakti Kencana
[2]Fakultas Keperawatan Universitas Indonesia
[3]Fakultas Ilmu Teknologi dan Kesehatan Universitas Jenderal Ahmad Yani
[4]Fakultas Keperawatan, Universitas Santo Borromeus
Corresponding author: *E-mail: asep.aep@bku.ac.id

Abstract

Background: The number of mental disorders: schizophrenia is increasing every year, social dysfunction is one of the negative behaviours of schizophrenia patients, namely: not wanting to socialize. Group activity therapy: socialization is an effort to facilitate the ability to socialize with isolated patients with social relationship problems.
Purpose: To determine the effect of group therapy activities on social dysfunction among patients with serious mental illness.
Method: The research was conducted using a quasi-experimental design with a pre-post test approach. A sample size of 34 patients who experienced social dysfunction was taken in a way purposive sampling with criteria; adult patients and above, can read and write, patients in inpatient and rehabilitation settings, communicate well and have a nursing diagnosis of social dysfunction. The analysis used is univariate and bivariate. The statistical test used is the Mann-Whitney U test.
Results: The analysis in the intervention group are available there were significant changes in signs, symptoms and social functioning (p-value 0.001), in the control group significant changes in signs, symptoms (p-value 0.001) and no significant changes in the patient's social function (p-value 0.798) before and after group activity therapy: socialization. There was no significant difference (p-value 0.336) in signs and symptoms and there was a significant difference in social function (p-value 0.001) after group activity therapy: socialization between the control and intervention groups.
Conclusion: There is an influence of group therapy activities on social dysfunction among patients with serious mental illness in rehabilitation ward at the West Java Provincial Mental Hospital.

Keywords: Group Activity Therapy; Patients; Serious Mental Illness; Social Dysfunction; Social Functions.

INTRODUCTION

Schizophrenia affects approximately 24 million people or 1 in 300 people (0.32%) worldwide (World Health Organization, 2022). In Southeast Asia, people with mental disorders has been recorded at more than 68 million people, and the prevalence in Indonesia is increasing every year, based on 2018 Basic Health Research data of 6.7 per 1000

households suffering from schizophrenia, compared to 1.3 per 1000 households in 2013. (Ministry of Health of the Republic of Indonesia, 2018). The province with the prevalence of serious mental disorders above the national prevalence is Yogyakarta Special Region Province (10.4%), while the data for West Java province is at (5.0%) (Ministry

of Health of the Republic of Indonesia, 2018). One of the known mental disorders is schizophrenia (Ridhyalla, 2015). Based on this data, it can be said that the number of mental disorders: schizophrenia is increasing every year.

Schizophrenia is a disease that affects the brain and causes maladaptive responses characterized by psychotic reactions that affect an individual's thoughts, feelings, perceptions, behaviour and social relationships. This maladaptive response is easily recognized from the symptoms shown by patients with schizophrenia (Videbeck, 2018). The dominant symptoms of schizophrenia are negative, namely: withdrawal from social interactions (social dysfunction). Social dysfunction is a person's state of loneliness because other people show negative and threatening attitudes. Social dysfunction is influenced by several factors, one of which is a failure. Failure can cause individuals to lack self-confidence, not trust others, doubt, be afraid of making mistakes, be pessimistic, despair with others, be unable to articulate their desires, and feel depressed (Sari, & Maryatun, 2020). This condition can cause behaviour including reluctance to communicate with other people, preferring to remain silent, avoiding other people, and ignoring daily activities (Kusumawati, & Hartono, 2014).

The impact of social dysfunction requires an approach and management to overcome the symptoms of patients with social dysfunction. The role of nurses in dealing with problems of patients with social dysfunction includes, among others, implementing nursing care standards, carrying out group activity therapy, providing modality therapy and training families to care for patients with social dysfunction (Keliat, 2019)

This socialization group activity therapy is effective for changing behaviour because in the group there is interaction with each other and they influence each other. In a group, a social system will be formed that interacts with each other and becomes a place for patients to practice adaptive behaviour to correct old, maladaptive behaviour (Suwarni & Rahayu, 2020; Hastutiningtyas, & Setyabudi, 2016; Multazam, Darwis, & Fatimah, 2021).

RESEARCH METHOD

This type of quasi-experimental research with a pre post-test research design with control group. This research has passed the ethical requirements of the Health Research Ethics Commission (*KEPK*) of Bhakti Kencana University with Number 063/09.KEPK/UBK/I/2024. Carried out in the Inpatient Room and Rehabilitation Room at the West Java Provincial Mental Hospital from February to March 2024. The population is all 201 patients experiencing social dysfunction who were treated in the inpatient room in January-December 2023. The intervention group consisted of 34 participants and the control group consisted of 34 participants using purposive sampling techniques.

Inclusion Criteria; Adult patients and above; Can read and write; Patients treated in inpatient and rehabilitation rooms; can communicate well, and with the primary nursing diagnosis: social dysfunction. To measure signs and symptoms of social dysfunction, researchers used instruments from (Syafrini, 2015) and already has a content validity of 0.88 and a reliability of 0.9. The instrument consists of 20 items measuring cognitive, affective, physiological, behavioral, social, general, involvement, social support, rejection and motivation aspects. Each item has a score of 0-4, which indicates the frequency or intensity of these signs and symptoms, namely: 0 = never, 1 = rarely, 2 = sometimes, 3 = often, 4 = always. The total score for this measuring tool ranges from 0-80, which indicates the severity of social dysfunction, namely: 0-20 = low, 21-40 = moderate, 41-60 = severe and 61-80 = very severe, and for social function abilities using an instrument from (Wulandari, 2018), namely a classification created to classify schizophrenia patients based on scores obtained from the Social Functioning Questionnaire (SFQ), which consists of 8 items measuring four dimensions of social function, namely: social dysfunction , social incompetence, social roles, and social aggression. SFQ scores range from 0 to 24, with lower scores indicating poorer social functioning. The level of social function is divided into three categories, namely: Good social function (SFQ score 0-8), Medium social function (SFQ score 9-16), Poor social function (SFQ score

Asep Aep Indarna[1]*, Mustikasari[2], Achmad Setya Roswendi[3], Susanti Niman[4], Khrisna Wisnusakti[3]

[1]Fakultas Keperawatan Universitas Bhakti Kencana
[2]Fakultas Keperawatan Universitas Indonesia
[3]Fakultas Ilmu Teknologi dan Kesehatan Universitas Jenderal Ahmad Yani
[4]Fakultas Keperawatan, Universitas Santo Borromeus
Corresponding author: *E-mail: asep.aep@bku.ac.id

17-24). The validation and reliability results of the Social Working Survey (SFQ) have validity good construct, with stacking calculate values between 0.5-0.8 for all items. The SFQ also has good criterion validity, with a correlation value between the SFQ and the SFS of 0.7. Reliability The SFQ has high reliability, with a Cronbach's alpha value of 0.8. SFQ also has good test-retest reliability, with a correlation value between SFQ scores at the first time and the second is 0.9.

For the intervention group, group activity therapy was carried out: socialization starting from 8 February to 12 February 2024. Previously both groups carried out a pre-test together by measuring the signs, symptoms and social function of clients in social dysfunction on 5, 6 and 7 February 2024.

Group activity therapy: socialization was carried out 7 (seven) Sessions, Namely; (1) introduce yourself, (2) get to know group members, (3) share experiences, (4) discuss, (5) role play, (6) play simulation, and (7) evaluation. Each session is carried out using modeling, role modeling, performance feedback and transfer training methods. Each session is carried out 1 (one) time. For the control group, after the pre-test was carried out, clients were only given routine therapy carried out in the hospital. Then a post test was carried out from 11 to 12 February 2024 to measure signs, symptoms and social function in the two groups, and see the differences. Assessment is carried out by interviews and direct observation. Statistical test analysis Mann-Whitney U test.

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[3]Fakultas Ilmu Teknologi dan Kesehatan Universitas Jenderal Ahmad Yani
[4]Fakultas Keperawatan, Universitas Santo Borromeus
Corresponding author: *E-mail: asep.aep@bku.ac.id

RESEARCH RESULTS

Table 1. Characteristic of Participants

Variable	Group		p-value
	Intervention (n=34)	Control (n=34)	
Age (Mean±SD)(Range)	(33.29±12.79)(18-76)	(37.03±11.15)(18-61)	0.75
Gender (n/%)			
Male	21/61.8	19/55.9	0.6
Female	13/38.2	15/44.1	
Education (n/%)			
Elemantary School	20/58.8	20/58.8	
High School	12/35.3	14/41.2	0.34
University	2/5.9	0/0	
Employment (n/%)			
Employee	16/47.1	13/38.2	0.46
Unemployment	18/52.9	21/61.8	
Duration of Mental Illness (n/%)			
< 6 Months	1/2.9	4/11.7	
6 Months - 2 Year	6/17.7	9/26.5	0.21
> 2 Year	27/79.4	21/61.8	
Signs, and Symptoms Before Group Activity Therapy (n/%)			
Low	8/23.5	20/58.8	
Moderate	11/32.4	9/26.5	
Severe	13/38.2	4/11.8	0.267
Very Severe	2/5.9	1/2.9	
Signs, and Symptoms After Group Activity Therapy (n/%)			
Low	22/64.7	18/52.9	
Moderate	9/26.5	13/38.3	
Severe	2/5.9	1/2.9	0.001
Very Severe	1/2.9	2/5.9	
Social Function Before Group Activity Therapy (n/%)			
Good	21/61.8	21/61.8	
Moderate	10/29.4	12/35.3	0.551
Poor	3/8.8	1/2.9	
Social Function After Group Activity Therapy (n/%)			
Good	31/91.2	19/55.9	
Moderate	3/8.8	14/41.2	0.798
Poor	0/0	1/2.9	

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[4]Fakultas Keperawatan, Universitas Santo Borromeus
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Based on Table 1, it is known that the majority of respondents in the intervention group were aged between 18-76 years and in the control group were aged between 18-61 years. Based on gender, it was found that there were more men than women in the intervention group, 21 (61.8%) and in the group as many as 19 (55.9%), based on education; Both the intervention and control groups had elementary school education, as many as 20 (58.8%). Judging from the proportion of employment, the majority were unemployed, namely 18 (52.9%) in the intervention group and 21 (61.8%) in the control group. Based on the duration of illness, the majority were more than 2 years, 27 (79.4%) in the intervention group and 21 (61.8%) in the control group. In the intervention group before group activity therapy: there were 13 (38.2%) severe signs and symptoms during socialization and after group activity therapy there were 22 (64.7%) with mild signs and symptoms during socialization. The proportion of socially isolated clients in the intervention group before group activity therapy: socialization was found to have good social function was 21 (61.8%) after group activity therapy: good social function socialization was 31 (91.2%). Meanwhile, the proportion of socially isolated clients in the control group before the research intervention found mild symptoms was found to be 20 (58.8%) after the research intervention found mild symptoms 18 (52.9%). The proportion of socially isolated clients in the control group before the research intervention was found to have good social function as much as 21 (61.8%). After the research intervention was carried out, 19 (55.9%) had good social function.

Table 2. Effects of Group Activity Therapy

Variable	Intervention Group			Control Group		
	(Mean±SD)	t	p-value	(Mean±SD)	t	p-value
Signs, Symptoms						
Before	(36.91±14.12)	-4.869	0.001	(25.91±13.59)	-3.726	0.001
After	(23.09±11.49)			(25.69±13.65)		
Differences	(13.82±2.63)			(0.32±0.06)		
Social Function						
Before	(9.47±4.09)	-4.654	0.001	(9.26±3.57)	-2.56	0.798
After	(6.35±1.53)			(9.56±3.84)		
Differences	(3.12±2.56)			(-0.3±-0.27)		

The results of the analysis in table 2 show that the mean signs and symptoms before intervention were 36.91 and the mean signs and symptoms after 23.09. There was a mean difference in signs and symptoms of social dysfunction clients before and after intervention in the intervention group of 13.82 with a standard deviation of 2.63. The statistical test results showed that the p-value was <0.05, so it could be concluded that there was a significant difference in the signs and symptoms of social dysfunction clients before and after the intervention in the intervention group. The mean social function of the intervention group before the intervention was 9.47 and the mean social function afterward was 6.35. There is an average the difference in social function of socially isolated clients before and after intervention was 3.12 with a standard deviation of 2.56. The statistical test results obtained a p-value of 0.001, so it was concluded that there was a significant difference between the social function of social dysfunction clients before and after the intervention in the intervention group.

In the control group, the results of the analysis showed that the average signs and symptoms before the study without taking socialization group activity therapy were 25.91 and the average of signs and symptoms after the study without taking socialization group activity therapy was 25.59. There was a mean difference in signs and symptoms of social dysfunction clients before and after the control

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[3]Fakultas Ilmu Teknologi dan Kesehatan Universitas Jenderal Ahmad Yani
[4]Fakultas Keperawatan, Universitas Santo Borromeus
Corresponding author: *E-mail: asep.aep@bku.ac.id

group intervention of 0.32 with a standard deviation of -0.06. The results of statistical tests concluded that there was a significant difference between the signs and symptoms of social dysfunction clients before and after the intervention in the control group with a p-value of 0.001. Signs, symptoms of the control group were seen more lower than the intervention group who took socialization group activity therapy. The average social function of the control group before the research can be seen without socialization group activity therapy 9.26 and the average social function after the study without taking socialization group activity therapy 9.56. There was a mean difference in the social function of socially isolated clients before and after the control group intervention of -0.3, with a standard deviation of -0.27. The results of statistical tests concluded that there was no significant difference between the social function of social dysfunction clients before and after intervention in the control group with a p-value of 0.79. The increase in social function in the control group appeared to be lower than the intervention group following socialization group activity therapy.

DISCUSSION

The age characteristics of clients who experience social dysfunction in the inpatient and rehabilitation rooms at the Mental Hospital West Java Provincial, mean that the intervention group is in the early adulthood category and the control group is in the late adulthood category. The adult age range will think more rationally when seeking health services (Notoatmodjo, 2018). Changing trends in mental health service use by age group (Stuart & Sundeen, 2020). The results of this study are in accordance with previous research which shows that help-seeking behavior reaches its peak at the age of 18 to 45 years (Magaard, Seeralan, Schulz, & Brütt, 2017). This means that adults in this age group are more likely to actively seek help from mental health facilities.

The gender of clients who experienced social dysfunction in the intervention and control groups was found to be more male. from female clients. The signs and symptoms of schizophrenic clients are no different between men and women (Stuart, 2016). The results of this study are from previous research which shows that clients with schizophrenia between man And Women found almost The same ability Which owned And number the incidents (Prawirohadikusumo, 2013; Suharto, 2014)).

The education of clients who experience social dysfunction in the inpatient and rehabilitation rooms of the Mental Hospital West Java Province in the intervention and control groups low education. Education becomes something that rejects measuring the ability of somebody to interact with person others (Stuart & Laraia, 2017). The results of this research are by previous research which shows that education higher will provide more knowledge, resulting in more health-maintaining habits (Maharani, & Damayanti, 2012; Jannah, Laila, Damayanti, Yenni, & Mutia, 2024).

The work clients who experienced social dysfunction in the inpatient and rehabilitation rooms of the Mental Hospital West Java Province in the intervention and control groups were mostly unemployed. Socioeconomic Whichlow is one factor social which causes high numbers of disturbances soul including schizophrenia (Townsend, 2018). Clients with low economic status are more vulnerable to mental health problems in everyday life (Stuart & Laraia, 2017). The results of this research are by previous research which shows that unhealthy economic and financial problems such as; Non-existent work, debt, bankruptcy, and income more small from expenditure, have a big influence on a person's mental health (Hartsö, & Sundborn, 2022).

The duration of illness in clients who experienced social dysfunction in the inpatient and rehabilitation rooms of the Mental Hospital West Java Province in the intervention and control groups was more than 2 years. Time or duration of exposure to stressors, namely related to when, how long, and how many times it occurs (frequency), will have an impact on delays in achieving capabilities and independence (Stuart & Laraia, 2017). The more short clients are Sick And exposed to the environment Hospital services will provide benefits for clients and families (Keliat, 2019). This will minimize the possibility of deterioration in social function. More clients are easy

Asep Aep Indarna[1]*, Mustikasari[2], Achmad Setya Roswendi[3], Susanti Niman[4], Khrisna Wisnusakti[3]

[1]Fakultas Keperawatan Universitas Bhakti Kencana
[2]Fakultas Keperawatan Universitas Indonesia
[3]Fakultas Ilmu Teknologi dan Kesehatan Universitas Jenderal Ahmad Yani
[4]Fakultas Keperawatan, Universitas Santo Borromeus
Corresponding author: *E-mail: asep.aep@bku.ac.id

to direct in providing interventions to increase the capabilities of clients faster. The results of the analysis concluded that the length of the client's illness influenced the signs, symptoms and social function of the client's social dysfunction.

Signs and symptoms of social dysfunction in intervention group clients who took part in group activity therapy: socialization changed significantly in terms of value before therapy was included in the signs, moderate symptoms after therapy changes in signs and symptoms are included in the signs and symptoms are moderate with a value difference of 13.82. Client schizophrenia shows One of the negative symptoms of self-isolation is marked by a decrease in the client's abilities to interact with other people, feeling lonely, being rejected by others, feeling not capable of concentrating on making decisions And feeling Not useful (Keliat, 2019).

Group activity therapy: socialization has a positive influence on changes in signs and symptoms symptoms and social function in patients experiencing social dysfunction. The results of this research are from previous research which shows that there is an influence of Socialization Group Activity Therapy: on clients' socialization abilities with damage to social interactions (Rahayu, 2019). Group activity therapy influences reducing signs and symptoms of social dysfunction (Pratiwi & Suryati, 2023). The effectiveness of providing Group Activity Therapy to reduce signs and symptoms of social dysfunction has also been carried out (Multazam, Darwis, & Fatimah, 2021), researchers carried out nursing efforts which can be done by carrying out social interactions so that patients have comfort when interacting with other people such as socialization group activity therapy. The results of the research are also by previous research which shows that providing group activity therapy with quartet games to social dysfunction patients can reduce the signs and symptoms of social dysfunction so that patients can improve their ability to carry out social interactions and establish interpersonal, social and interpersonal relationships (Suwarni, & Rahayu, 2020).

Social functioning in the intervention group following group activity therapy: socialization changed significantly before group activity therapy: socialization of social functions in the medium category, after group activity therapy: socialization of social function is in the good category, so it can be concluded that there is a change in function social to clients Which experience isolation social before and after giving group activity therapy: socialization in the intervention group.

Group activity therapy: socialization has a positive influence on changes in social function in patients experiencing social dysfunction (Keliat, 2019). Social functioning includes the patient's ability to interact with others, build and maintain relationships, and participate in social activities. The results of the research are also by previous research which shows that the percentage of implementation is satisfactory, namely achieving a success rate of 90% which can increase the patient's ability to interact socially, thus showing that there is a significant influence from the implementation of socialization group activity therapy (Suwarni & Rahayu, 2020). The research results are also by previous research which shows that the results obtained, namely of socialization group activity therapys sessions 1-5, are quite effective for application to clients with social dysfunction problems (Nandasari, Pinilih, & Amin, 2022). The research results are also by previous research which shows that there is an influence of socialization group activity therapy on social interaction abilities in patients with social dysfunction problems (Hastutiningtyas & Setyabudi, 2016).

The ability to socialize among socially isolated clients in South Sulawesi before therapy was carried out was still lacking in the ability to socialize (Hasriana, Nur, & Anggraini, 2013). The results of this research are by previous research which showed that at the Grhasia Yogyakarta Mental Hospital, the social interaction abilities of social dysfunction clients before carrying out therapy were not able to interact well (Putra & Mamnu'ah, 2015). It is hoped that socialization abilities or communication skills can be improved with therapy, especially socialization group activity therapy.

Changes in signs, symptoms and client social functioning on group intervention are visible from telling the client that the client feels more confident,

Asep Aep Indarna[1]*, Mustikasari[2], Achmad Setya Roswendi[3], Susanti Niman[4], Khrisna Wisnusakti[3]

[1]Fakultas Keperawatan Universitas Bhakti Kencana
[2]Fakultas Keperawatan Universitas Indonesia
[3]Fakultas Ilmu Teknologi dan Kesehatan Universitas Jenderal Ahmad Yani
[4]Fakultas Keperawatan, Universitas Santo Borromeus
Corresponding author: *E-mail: asep.aep@bku.ac.id

feels not alone and can express positive aspects that are in oneself. This assessment is not only from clients but can be seen from observations of researchers and nurses. Changes in signs, symptoms and social function client No regardless Also from therapy medical which complement each other in the implementation of group activity therapy: socialization.

The results of the analysis showed signs, symptoms of social dysfunction in the control group undergoing therapy experienced significant changes in terms of previous values, after therapy there was a change in signs, symptoms included in moderate signs, with a decreasing value difference of 0.32. Social function in the intervention group after therapy did not experience significant changes before therapy, namely social function was in the moderate category, after therapy social function was in the moderate category with an increase in value of 0.3, it can be concluded that there were changes in signs, symptoms and no changes in social function in clients who experienced social dysfunction before and after being given group activity therapy: socialization in the control group.

The results of this research are by previous research which shows that social dysfunction is a condition in which a person experiences a decline in being completely unable to interact with other people because they may feel rejected, lonely and unable to establish good relationships with each other (Jannah, et al., 2024; Maharani, & Damayanti, 2012). Signs and symptoms of client social dysfunction can be seen in two ways, namely: objectively and subjective. Subjective symptoms include feelings of loneliness, rejection by others, and insecurity in being with other people, while objective symptoms include indifference to the environment, lack of radiant facial expressions and very limited eye contact. Providing nursing care to socially isolated patients with other interventions such as acquaintance therapy can help overcome symptoms of social dysfunction (Prabowo, 2014). The results of this study are from previous research which shows that acquaintance therapy is effective in reducing isos symptoms in schizophrenia patients (Putri, 2023).

Results study has done and supported results study previously prove hypothesis stating that there is a change in signs, symptoms and function social in clients who experience isolation social before and after giving group activity therapy: socialization in the control group. This shows that nursing care for isolated clients given in Mental Hospital West Java Province has also improved social function and reduced signs, symptoms and social function of clients who experience social dysfunction. By understanding changes in signs, symptoms and social functioning before and after therapy, we can evaluate the effectiveness of therapy and provide better care for clients experiencing social dysfunction.

The results of the analysis showed that there were no significant differences in signs and symptoms and there were significant differences in social function between the intervention group and control group. Changes in signs, symptoms and social function in the intervention group were higher compared to the control group. Based on observations in the field, researchers found that in the rehabilitation room, control group patients who experienced social dysfunction were given therapy other than group activity therapy: socialization, namely: Social skills training therapy so that it had an impact on changes in the signs, symptoms and social function of these patients, although the changes were still low compared to the group. intervention provided by group activity therapy: socialization.

Group activity therapy: socialization. is an effort to facilitate the socialization abilities of several patients with social relationship problems (Keliat, 2019). Patients who experience socialization disorders need to be given a therapy program including various effective treatment options including medication, psychoeducation, family intervention, and psychosocial rehabilitation (World Health Organization, 2022). Apart from psychopharmacological treatment, psychoeducation regarding the provision of therapeutic modalities is also needed. This makes social dysfunction possible for patients by providing nursing care and therapeutic measures (Suwarni & Rahayu, 2020). Group Activity Therapy is very effective in changing

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[3]Fakultas Ilmu Teknologi dan Kesehatan Universitas Jenderal Ahmad Yani
[4]Fakultas Keperawatan, Universitas Santo Borromeus
Corresponding author: *E-mail: asep.aep@bku.ac.id

behaviour because in groups there is interaction with one another and mutual influence (Suwarni, & Rahayu, 2020). The results of the research are also by previous research which shows that there is an influence of group activities on the social skills of socially isolated clients (Multazam, Darwis, & Fatimah, 2021; Hastutiningtyas, & Setyabudi, 2016). In a group, a social system will be formed that interacts with each other and becomes a place for patients to practice adaptive behaviour to correct old, maladaptive behaviour (Suwarni, & Rahayu, 2020).

Socialization group activity therapy is matter important for increasing the ability somebody interact in something environment. There is ability to interact becomes key for enriching experiences in life, own friendships, participating in something activity And cooperating in a group. Group activity therapy influences improving basic social skills in schizophrenia patients with an increase in basic skills scores and each subject feels the benefits of group activity therapy (Maharani, & Damayanti, 2012; Darmon, 2023).

Results study Which has done And supported results study previously prove hypothesis Which state, There is a difference in Meaningful signs, symptoms and social function of social dysfunction clients after participating in group activity therapy: socialization between the control group and the intervention group. Changes in signs, symptoms and client social functioning group intervention Because information given to the client communicated well then the client is trained to practice the method new. Changes in signs, symptoms and social functions client on group intervention are visible from telling the client that the client feels more confident, feels not alone can express positive aspects that exist in oneself and can interact with friends. Change in signs, symptoms client no regardless also from therapy medical which complement each other in the implementation of group activity therapy: socialization. Changes in signs, symptoms and function group control Also experienced a decline after measurement At the end of the study, it was seen that the patient was able to interact with his friends.

CONCLUSION

There was a significant difference between the signs, symptoms, and functions of clients experiencing social dysfunction before and after the intervention. The decrease in signs, symptoms, and increase in social function in the control group was lower than the intervention group that followed group activity therapy.

There is an influence of group therapy activities on social dysfunction among patients with serious mental illness in rehabilitation ward at the West Java Provincial Mental Hospital.

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Asep Aep Indarna[1]*, Mustikasari[2], Achmad Setya Roswendi[3], Susanti Niman[4], Khrisna Wisnusakti[3]

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[4]Fakultas Keperawatan, Universitas Santo Borromeus
Corresponding author: *E-mail: asep.aep@bku.ac.id

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Asep Aep Indarna[1*], Mustikasari[2], Achmad Setya Roswendi[3], Susanti Niman[4], Khrisna Wisnusakti[3]

[1]Fakultas Keperawatan Universitas Bhakti Kencana
[2]Fakultas Keperawatan Universitas Indonesia
[3]Fakultas Ilmu Teknologi dan Kesehatan Universitas Jenderal Ahmad Yani
[4]Fakultas Keperawatan, Universitas Santo Borromeus
Corresponding author: *E-mail: asep.aep@bku.ac.id