Nursing Care for Clients with Social Isolation That Experiences A Self-Care Deficit in The Starfruit Room at Duren Sawit Regional Special Hospital, East Jakarta

Hernida Dwi Lestari¹, Ragil Supriyono²  
STIKes Sismadi, Jakarta¹  
Akademi Keperawatan Harum, Jakarta²  
e-mail: hernida.dl@gmail.com¹, rsmaspriyono@gmail.com²

Abstract
The aim of this research is to gain real experience in providing nursing care to clients with social isolation who experience self-care deficits. In the theoretical assessment of the client's Self Care Deficit in the two respondents, the client said he rarely brushed his teeth, the client said he did not want to shave his mustache and beard, the client said he wanted to grow his beard and mustache, the client said he rarely washed his hair. Based on the results of the assessment, what stands out in client 1 (Mr. M) and client 2 (Mr. R) is Self-Care Deficit: in Client 1, Mr. M The client says he rarely brushes his teeth, the client says he doesn't want to shave his mustache and beard, the client says he wants to grow his beard and mustache, the client says he rarely washes his hair. In client 2 Mr. R The client says he never shaves his mustache and beard, The client says he never combs his hair after showering, The client says he rarely washes his hair, The client says he never combs his hair, The client says his head itches.

Keywords: Social Isolation, Self-Care Deficit, Impact of Mental Disorders

Introduction
In Indonesia, the number of people suffering from mental disorders has increased quite a lot. It is estimated that the prevalence of severe mental disorders including psychosis/schizophrenia in Indonesia in 2013 was 1,728 people. The proportion of households that have received ART for serious mental disorders is 1,655 households, of which 14.3% live in rural areas, while those living in urban areas are 10.7%. In addition, the prevalence of emotional mental disorders in the population aged over 15 years in Indonesia nationally is 6.0% (37,728 people from the subjects analyzed). The province with the highest prevalence of emotional mental disorders is Central Sulawesi (11.6%), while the lowest is Lampung (1.2%).

According to the World Health Organization (WHO), mental health is a condition where a person is free from
mental disorders, and has a positive attitude to describe his maturity and personality. According to WHO data in 2012, the number of people suffering from mental disorders is worrying globally, around 450 million people suffer from mental disorders. One-third of people with mental disorders live in developing countries, and as many as 8 out of 10 people with mental disorders do not receive treatment.

Government policy in dealing with mental disorders is stated in Law no. 36 of 2009 concerning mental health, stated in article 149 paragraph (2) states that the Government and the community are obliged to provide treatment and care in 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. One of the problems with mental disorders that occurs quite frequently in Yogyakarta is social isolation, which is included in the third category after hallucinations.

In the scope of society, humans as social creatures need other people and the social environment to fulfill their daily needs. Humans will not be able to fulfill their life needs without a relationship with their social environment. In fulfilling their life needs, humans need to build interpersonal relationships to achieve life satisfaction.

Social isolation is a situation where an individual experiences a decline or is even completely unable to interact with other people around him. The patient may feel rejected, lonely and unable to build meaningful relationships with other people. Patients who experience social isolation directly will express feelings of loneliness, feelings of rejection, interests that are not appropriate to their developmental age, life goals that are absent or inadequate, and unable to meet other people's expectations. The impacts that can be caused by social isolation are disruption of interpersonal relationships and disruption of social interactions. If the client's social isolation (withdrawal) is not resolved quickly, it can endanger the safety of themselves and others.

The impact of mental disorders is usually caused by stressors that are quite severe and difficult for clients to handle (clients can experience low self-esteem) so that they do not want to take care of or care for themselves, whether in terms of bathing, dressing, decorating, eating, or defecating and urinating. If the nurse does not intervene, it is possible that the client could experience a high risk of social isolation. The serious impact that occurs if social isolation is not treated will result in the risk of sensory perception disorders: hallucinations and low self-esteem. The impact of emergencies that occur in socially isolated patients who experience self-care deficits include physical disorders and psychosocial disorders.

Therefore, the role and function of nurses is very important in improving health status, especially overcoming the problems of clients with social isolation who experience self-care deficits. The implementation of nursing care includes promotive aspects (providing health education to improve the health status of clients and families), preventive (for
clients with social isolation who experience self-care deficits with dressing/decorating techniques, curative (paying attention to and arranging clients to take medication), rehabilitative (paying attention to physical improvement and optimal self-care in clients).

The nurse's role with clients includes promotive, preventive, curative and rehabilitative aspects. Promotive is providing an explanation of the mental disorder Social Isolation in the general public, starting from the definition, causes, signs and symptoms to the complications that will occur if not treated immediately. Preventive is providing an explanation of how to prevent patients with mental disorders, especially Socially Isolated patients who experience Self-Care Deficits, namely the role of nurses in providing nursing care to patients with mental disorders, especially those with Self-Care Deficits, independently and providing medication as a collaborative action with doctors. The rehabilitative role of nurses is in introducing family members to how to care for patients with mental disorders, especially with social isolation at home. Based on what the author obtained from the Duren Sawit General Hospital, East Jakarta, in collaboration with the head of the room and the room nurse in particular.

Patients who experience mental disorders, especially self-care deficits, have weaknesses in putting down or picking up clothes and have the inability to decorate independently, so the author is interested in presenting cases of social isolation who experience self-care deficits in the Starfruit Room at Duren Sawit Hospital, East Jakarta, so the author aims to do this. Techniques for Practicing Dressing/Decorating. This research aims to provide nursing care to clients with social isolation who experience self-care deficits.

Method

This case study is a study to explore the problem of nursing care for clients with social isolation who experience self-care deficits in the star fruit room at the Duren Sawit Regional Special Hospital, East Jakarta.

Data analysis was carried out from the time the researcher was in the field, from data collection until all data was collected. Data analysis is carried out by collecting facts, then comparing them with existing theories and expressing them into a discussion opinion. The data collection technique was carried out using WOD (interviews, observations, documents). The written results are in the form of field notes, then copied in the form of transcripts (structured notes), which are then grouped into subjective and objective data. Analytical techniques are used by means of observation by researchers and documentation studies which produce data that can then be interpreted and compared with existing theories. The results obtained can then be presented using tables, pictures, charts or narrative text. Client confidentiality is guaranteed by using only the initials of the client's name.

From the data presented, the data is then discussed and compared with the results of previous research and theoretically with health behavior.
Conclusions are drawn using the induction method. The data collected is related to assessment, diagnosis, planning, action and evaluation data. The two respondents will carry out the same nursing actions, namely: training techniques for dressing/decorating and the comparison between the two respondents will be seen.

Results and Discussion
1. Assessment

The results of the study on Mr. J and Mr. He seemed confused about what kinds of drugs he was taking.

2. Nursing Diagnosis

Results of the assessment on Client 1 and Client 2 Mr. M and Mr. R, the writer found that the 2 respondents complained that the client said he never shaved his mustache and beard, the client said he never combed his hair after bathing, the client said he rarely washed his hair, the client said his head was itchy, the client said he never shaved his mustache and beard while in hospital. Specifically for the Duren Sawit Region, East Jakarta. The client's clothes look sloppy and wrinkled, the client's clothes are always wet, the client doesn't want to change his clothes, when he showers he has to be forced to brush his teeth, the client's breath smells bad, the client's mustache and beard are unkempt. This is in accordance with the theory of the definition of self-care deficit as a condition in a person who experiences a weakness in the ability to carry out or complete self-care activities independently such as bathing (hygiene), dressing/grooming, eating and defecating.

In the predisposing factors in theory, it is explained that the causes of lack of self-care from Self-Care Deficit come from developmental factors, biological factors, reduced reality ability factors, social factors, but in the case of the two respondents, Client 1 (Mr. M) and Client 2 (Mr. R) is caused by the reality ability factor decreasing because data was obtained from the two respondents that the client did not care about taking care of himself such as dressing up properly.

The precipitating factor theoretically explains that the causes that may result in a Self-Care Deficit are a lack of decreased motivation, damage to content or perceptual cognition, anxiety, fatigue/weakness experienced by the individual, causing the individual to be less able to carry out self-care. Factors that influence personal hygiene: Body Image, social practices, socio-economic status, knowledge, culture, habits, physical or psychological conditions. the existence of a history of Body Image behavior, the individual's image of himself greatly influences personal hygiene, for example by physical changes so that the individual does not care about his personal hygiene. but in the case of the two respondents, Client 1 (Mr. M) and Client 2 (Mr. R) was only caused by the Body Image Factor (individual image) because the data obtained supported that the client was experiencing an unpleasant problem, namely experiencing rejection, romantic problems.

The client is ashamed of himself and does not have any advantages in himself. So the client doesn't care about his personal hygiene. In Client 1 (Mr. M), the
client said he had experienced rejection, namely being rejected by the woman he wanted, the client said he was just a busker who couldn't make his parents happy, so the client ignored his personal hygiene. The two respondents had the same nursing problem, namely Self-Care Deficit.

In terms of coping mechanisms, similarities and gaps were found between theory and cases where in theory it was found that Social Isolation is characterized by behavior in the form of less spontaneity, apathy (lack of indifference to the environment), less radiant facial expressions (sad expression), dull effects. Not caring for and paying attention to personal hygiene, verbal communication is decreased or non-existent. Meanwhile, in the case of the two respondents, it was only found in client 2 (Mr. R), the client said the maladaptive coping mechanism was that the client's maladaptive coping mechanism was avoidance, if there was a problem the client preferred to avoid it. Then there arises an adaptive mal mechanism, namely avoidance (lazy to do activities). Meanwhile, for client 1 (Mr. M), the client said his coping mechanism was maladaptive, namely avoiding and sleeping if he had problems, the client said he was lazy about doing activities. Then there arises an adaptive mal mechanism, namely avoidance (lazy to do activities).

The sources of coping explained in the theory come from: involvement in extensive relationships within family and friends, using creativity to express interpersonal stress such as art, music or writing, while the case of the two respondents was used in client 1 (Mr. M) if there is a problem, namely the client says he does not have support from his family or the environment around his house. And for client 2 (Mr. R) the client's family was less supportive of the client's desire to have group support and the client had less contact with other people.

The clinical manifestations found in the two respondents in client 1 and client 2 (Mr. M) and (Mr. R) were similar to the Self-Care Deficit theory. The client said he never shaved his mustache and beard. The client said he never combed his hair after bathing. The client said he rarely washed his hair, The client said his head was itchy, The client said he never shaved his mustache and beard while at the Duren Sawit Regional Special Hospital, East Jakarta.

The factor that hindered the author in the study was that the author was unable to validate data with the client's family, because the identity of the client's family was unclear and during the provision of nursing care none of the client's family visited him.

The factor that supports the author in carrying out nursing care is that the client is quite cooperative in providing information related to the client's health problems, as well as supporting it with a complete and systematic assessment format. An alternative problem solver is to work together with the room nurse and family in providing support to the two respondents for client 1 and client 2.

3. Nursing Planning
Nursing planning was prepared when the author conducted research on two respondents by taking action for 6 days. Where at the planning stage there are three aspects, namely setting general goals, specific goals, outcome criteria and nursing plans that can be measured and have a time limit for achieving Nursing Planning that suits the client’s current conditions and needs. General goals can be achieved if a series of specific goals can be achieved.

For client 1 and client 2. However, of the Nursing Interventions that have been made, not all Nursing Interventions can be carried out, namely the client does not receive support from the family in maintaining personal hygiene. Based on the time criteria determined by TUK I after 1x meeting, TUK II 1x meeting and TUK III 1x meeting was achieved in accordance with the time criteria set by the author while for TUK II 1x meeting was not achieved because there were no family members to visit during the nursing action.

The inhibiting factors for the author were found to be time constraints and the client’s family not visiting. As a solution, the author collaborates with the room nurse to continue interventions that have not been implemented. Meanwhile, the supporting factor in determining the nursing action plan is the availability of several existing book sources related to the client’s condition.

The solution in solving problems is to improve writing skills to explore problems, as well as collaborating with room nurses and colleagues to provide support to client 1 (Mr. M) and client 2 (Mr. R) in helping clients practice how to maintain personal hygiene. and continue interventions according to the following diagnosed interventions: Social Isolation, Low Self-Esteem, Risk of GPS: Hallucinations.

4. Implementation of Nursing

Nursing actions for client 1 (Mr. M) and client 2 (Mr. R) of the four diagnoses found in the case, what can be implemented is the first diagnosis, namely Self-Care Deficit, implementation is carried out on the first diagnosis, namely Self-Care Deficit, to implementation strategies (SP). It is carried out for 6 days, namely the first day an assessment is carried out, the second day the approach is to build a relationship of mutual trust and the third and fourth days teach how to decorate oneself properly, and on the fifth day the client is asked to do it himself, on the sixth day the instrument is for the client to act independently. In the six days of development of client 1 (Mr. M), on the first day the client was cooperative in providing information to achieve the assessment, on the second day the client was able to build a relationship of mutual trust, on the third and fourth days the author taught how to decorate oneself properly, the client on that day did not able to do how to decorate himself correctly, on the fifth day the author made observations and the result was that client 1 (Mr. M) was unable to carry out the steps according to the SOAP created by the author. On the sixth day the author evaluated client 1 (Mr. M) and the result was that the client was able to recognize the tools but was unable to practice how to decorate according to the steps according to SOAP. Client 2 (Mr. R) on the first day the
client was cooperative in providing information to achieve the assessment, on the second day the client was able to build a relationship of mutual trust, on the third and fourth days the author taught how to decorate himself properly, the client on that day was unable to do so himself correctly, on the fifth day the author made observations and the result was that client 2 (Mr. R) was able to carry out the steps according to the SOAP created by the author. On the sixth day the author evaluated client 2 (Mr. R) and the result was that the client was able to mention the steps according to SOAP in making the client practice decorating himself correctly.

Then three specific objectives emerge, namely: Firstly, the client can build a relationship of mutual trust. The actions are to give a therapeutic greeting, introduce oneself politely, ask the client's full name and preferred nickname, explain the purpose of the meeting and ask why the client was admitted to a mental hospital, TUK both clients can carry out self-care with the help of a nurse. Third TUK Clients can carry out self-care independently. The inhibiting factor for the writer is not being able to plan the next SP 2. Because there is limited time in the action plan when determining goals and because of time constraints and apart from that because the family does not visit, the family SP action cannot be implemented.

5. Nursing Evaluation

Evaluation is the final stage of nursing care with the aim of providing feedback on the nursing plan and implementation of actions in the evaluation. The actions that have been taken are then documented in the nursing notes. In the case of client 1 and client 2, Mr. Building a Trusting Relationship with the first specific goal can be achieved in four meetings. In nursing diagnoses, Self-Care Deficit, Social Isolation, Low Self-Esteem, Risk of GPS: Hallucinations cannot be carried out because the author prioritizes the first diagnosis, so further evaluation is carried out by the room nurse.

The inhibiting factors found were from the two respondents. For client 1 Mr. M, there are obstacles, the client looks restless and the client gets bored easily when taught how to decorate properly, the client is unable to concentrate, which is caused by hallucinations. while for client 2 Mr. R the comparison is the opposite for client 2 Mr. R, namely the client is able to understand and always focus when the nurse teaches how to decorate oneself properly so that client 2 Mr. R achieves the action of decorating oneself correctly. And there is no client's family visiting and there is limited time to evaluate actions.

Meanwhile, the supporting factor is the client's willingness to express feelings after interacting with the nurse and the client can do what has been taught by the author to practice how to maintain personal hygiene by decorating oneself properly.

Conclusion

Nursing evaluation achieved in client 1 (Mr. SP 2 evaluates the daily activity schedule II. Help clients practice good eating habits. Furthermore, nursing diagnoses and nursing actions that have not been implemented will be carried out by the room nurse to continue them.
Inhibiting factors in Client 1 Mr. M looks restless and the client gets bored easily when taught how to decorate properly, the client is unable to concentrate, which is caused by hallucinations, whereas client 2 Mr. R is able to understand and always focus when the nurse teaches him how to decorate himself properly so that client 2 Mr. R achieved the action of Decorating oneself properly. And there is no client's family visiting, while the supporting factor is the room nurse who always provides information and guidance.


References