

THE EFFECT OF SOCIAL SKILLS TRAINING TOWARD SOCIAL ABILITY OF PATIENTS WITH OBSTACLES IN SOCIAL INTERACTION

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Abstract

A healthy person has positive self-concept and have a good relationship with other people and his environment, has an open relationship with other person and makes good decisions on the existing reality and independent in thinking. Social interaction obstacle is a situation where an individual has decreased ability or even completely unable to interact with other people around him. Social skills training is designed to improve communication and social skills for someone who has difficulty in interacting skills that include giving praises, complaining as they do not agree on something, refusing requests of others, exchanging experiences, demanding personal rights, giving advices to others, solving problems and cooperating with others. The purpose of this study is to determine the effect of social skill training to the clients who are experiencing obstacles in their social interaction. The design used is a pre-post test with control group in which 20 respondents are divided to 10 respondents in the intervention group and 10 respondents in the control group. Social skills training exercises are conducted in 4 sessions where each session lasts for 60 minutes. This study shows an increase in social skills in intervention group who receives social skills training exercise at 10.23 (41.84 becomes 52.10) and in the control group shows an increase by 1.92 (41.20 becomes 43.12). This is expected to serve as a guide for nurses and health workers who are working in the hospitals and also the families in carrying out the provision of support to clients with problems in social interaction to get better social skills.

Keywords: social skills training, obstacles in social interaction, social skills

Background

Mental health is part of overall health. Mental health is a condition of emotionally, psychologically, socially healthy, and it can be seen or visible from a satisfying interpersonal relationships, well coping behaviors which appear effectively, positive self-concept and emotionally stable (Johnson, 1997 in Videbeck, 2008). Mental disorders according to the Department of Health (2003), mental disorders are maladaptive responses to stressors from within or

outside environment-related feelings and behaviors that are inconsistent with the culture, customs or local norms and affect the social interactions of individual, his activity or function of the body. Mental disorders are very crucial as we can see from their impacts. This is evident from the overall definition of mental disorder, which due to a mental disorder it becomes barriers in implementing social roles, and barriers at work that directly leads to a decrease in productivity.

Schizophrenia is one of the severe mental disorders, which consists of three categories of symptoms, namely positive symptoms, negative symptoms, and disorganized symptoms (Shives, 2005). Positive symptoms of schizophrenia often appear at the beginning phase and are usually the reason for a client to be hospitalized. Negative symptoms or deficit symptoms are behaviors that should be owned by normal people but are not indicated by the client. According to Varcarolis (2000), negative symptoms mostly annoying the clients in their self adaptation and impact on the ability to initiate and maintain relationships, initiating and maintaining conversations, keeping a job, making decisions, and maintaining personal hygiene. Negative symptoms in schizophrenia cause the client to experience social dysfunction and social isolation.

According to Keliat (2010), social isolation is a condition where an individual has decreased even completely unable to interact with others around them. Social isolation as one of the negative symptoms in schizophrenia is used by clients to shy away from other people so unpleasant experiences in dealing with other people does not happen again. Social skills training is one form of intervention with a behavior modification technique based on

role-playing principles, practice and feedback in order to improve the client's ability to solve problems on their depression, schizophrenia, conduct-disorder clients with difficulty in interacting, experiencing social phobia and clients who experience anxiety (Kneisl 2004; Stuart & Laraia, 2005; Varcarolis, 2000). Social skills training is designed to improve communication skills and social skills for someone who has difficulty in interacting skills including giving praises, complaining if they do not agree on something, refusing requests of others, exchanging experiences, demanding personal rights, giving advices to others, solving problems and cooperating with others (Michelson, 1985).

Therefore, researchers are trying to do research by providing social skills training therapy to patients who have problems and obstacles in social interaction at the RSJ Bangli. This research is conducted with the aim of improving social skills in patients with social interaction obstacles to practice the skills that clients are always used in connection with other people and the environment.

Review of Literature

Social interaction obstacle is a process where there is an absence of

areciprocal communication process due to internal factors of individuals (Nanda, 2012). Behavior displayed by individuals who experience these obstacles in social interaction among others, they are more reserved, less eye contact, soft spoken and rarely communicate with the surrounding environment (Stuart, 2009).

The majority of individuals who have obstacles in social interaction will experience the feelings of loneliness. Lonely people feel unhappy, less satisfied and more pessimistic that often feel anxious and describes themselves as restless and boring.

According to Cartledge and Milburn (1995, in Chen, 2006), social skills training is a skill that can be learned by a person to enable him to interact by responding positively to the environment and reduce the negative responses that maybe present in him. Other says that social skills training is a learning process in which a person learns functional ways to interact (Carson, 2000).

Social skills training is based on the belief that the skills can be learned, therefore, can be also learned by someone who does not have those (Stuart & Laraia, 2005). From the various definitions that have been proposed, it can be concluded that social skills training is a learning process to improve one's ability to improve

his ability to interact with others in a social context that can be socially accepted and appreciated. This involves the ability to initiate and maintain positive and mutually beneficial interactions.

According to Eikens (2000) Social skills training aims; 1) Improve the ability of someone to express what is needed and desired; 2) Able to resist and to acknowledge a problem; 3) Being able to provide a response during social interaction; 4) Ability to initiate interactions; 5) Ability to maintain the interaction that has been nurtured. According to research conducted by Renidayati (2008) social skills training gives positive effect in patients with social isolation for daring to express opinions and interact with the surrounding environment. Type of behavior taught in social skills training include answering questions, giving compliments, making positive changes, speak clearly, prevents anxiety and self-criticism.

The social skill training is divided into several sessions. In session 1 (one) will train the client's ability to communicate; using the right body language, say hello, introduce themselves, answer questions and ask for clarification; Session 2 (two) will train the client's ability to make friends; ability to give praise, ask for and give help to others;

Session 3 (three) will train the client's ability to engage in joint activities with other clients size; Session 4 (four) will train the client's ability to face the difficult situation; accept criticism, accept rejection, apologizing; Session 5 (five) will be the evaluation of social skills training.

METHODS

This study uses a quasi-experimental methodology with control group design with the provision of social skills training. The study is conducted on 20 respondents which are divided into two groups in which 10 respondents in the intervention group (the group receiving social skills training) and 10 respondents in the control group (a group that does not receive social skills training) to compare the ability of clients who experience obstacles in social interaction in socializing with the surrounding environment before and after conducting training in social skills in both intervention and control groups.

RESULTS

The respondents are determined by using two existing wards in Bangli Mental Hospital where as many as 20 respondents are selected, according to inclusion and exclusion criteria, where they are divided into two groups, namely the intervention

group and the control group. Respondents in both groups are given a questionnaire to see the severity of signs and symptoms of patients with obstacles in social interaction. Characteristics of respondents in both groups are shown in Table 1.

Table 1 - The homogeneity of the respondents' general characteristics (n=20)

Characteristics		Intervention (n=10)		Control (n=10)
		n (%)	n (%)	<i>P</i>
Age	18-30	6 (60%)	4 (40%)	0,853
	31-43	2 (20%)	5 (50%)	
	44-55	2 (20%)	1 (10%)	
Sex	Male	4 (40%)	5 (50%)	0,407
	Female	6 (60%)	5 (50%)	
Educational Level	No school	0	0	0,912
	Elementary	0	0	
	Middle	2 (20%)	3 (30%)	
	High	8 (80%)	7 (70%)	
	Senior High School	0	0	
Occupation	Unemployed	6 (60%)	5 (50%)	0,227
	Employed	4 (40%)	5 (50%)	
Number of treatment	Not yet ever	4 (40%)	3 (30%)	1,000
	1-3 times	6 (60%)	7 (70%)	
	>3 times	0	0	

Table 1 shows as many as 10 respondents are selected to be given the therapy of social skills training in the intervention group and 10 respondents were not given therapy in the control group. Respondents in the intervention group mostly aged 18-30 years, women (60%) with most of them have high school educational background (80%), unemployed (60%), and have been treated an average of more than one time (60%). In the control group the majority

aged 31-43 year old, mostly with high school education (70%), and have been treated more than once (70%).

From the results seem no significant difference between the control group and the intervention group (P value: >0.05).

After that, the intervention group receives social skill training therapy / SST in 4 sessions or meetings. In this SST therapy respondents were taught the ability to communicate and socialize with others. Figure 1 shows the average results of respondents ability in the intervention group to socialize before getting SST therapy was 41.87 and after SST became 52.1 with p value of 0.652, while the ability of respondents in the control group was 41.20 and after that became 43.12 with p value of 0.457. This means that the overall capability of the respondents in both groups before and after the SST therapy is equivalent (p value > 0.05),

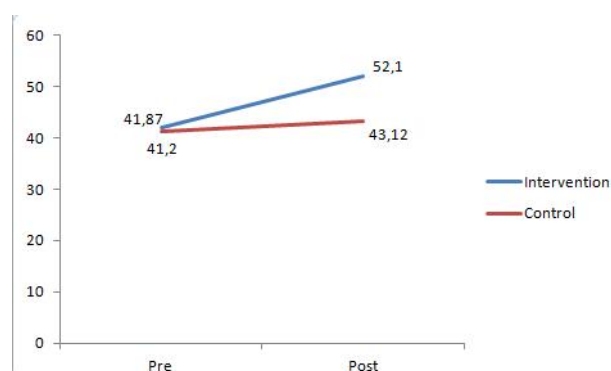


Figure 1. The changes in the level of social skills of intervention and control groups before and after social skills training upon the intervention group

The patients' social skills in which patients are given social skills training increases by 10.23 while the group of patients who are not given social skills training also increases but only by 1.92. Here we can see that a significant increase occurs in the group of patients who receive social skills training.

DISCUSSION

The results of study show that there is an increase in the value of the patient's ability to socialize with others after being given training for 4 sessions. The intervention group shows greater increase compared to the control group. This is because patients in the intervention group are given social skills training. Social skills training is an effort to teach the patient how to prepare themselves when interacting with others, including good body posture and language so that other people will be comfortable when interacting with us, other than that the patient is taught how to start a conversation with other people so they reply and be in interaction with us. Once the patient has the ability to start a conversation with someone else then the next is to teach how to maintain the interaction to be continuous and create a positive feedback from the other person. This is very important as the feedback will

affect a person's self-concept with the presence of reciprocal where the individuals feel valued and accepted. When this happens, it is good results to be achieved by individuals and motivate individuals to perform further interaction with other individuals and even groups.

At the stage of social skills training, in one session, the patients are put together in groups and asked each one how to behave that they already do every day. In this session, most patients say that while chatting with others they rarely say hello and directly to the topics to be discussed. There were 4 patients who say they rarely introduced themselves because it is not important and awkward, so they directly to the topic of conversation. The results of observations show that the way they introduce themselves mostly without smiling to their interaction partner. Smiling is one component in the therapeutic communication where a smile is an award that is visible so that people who speak with a smiling attitude makes the other person feel valued. This is very important because if a person does not feel appreciated how communication can run well. If communication is not going well then it will hinder the process of interaction.

In session two, patients are taught how to make friends with other people

after they are able to initiate and interact with others. Friendship is very important because with the presence of friendship in the interaction, it will be easier to communicate where individuals experience difficulty and asking for help from others. Individuals should be able to have good communication techniques so that when they ask for a favor and help and other people help them, then that individual must pay tribute to those who help him. Most patients say they rarely give compliments to others because they say it is strange because they only ask a small favor. According to(>>) either large or small awards can provide a tremendous effect for a person where the person feels valued, cared for and recognized. This is when continuously done will affect a person's self confidence so that the person can demonstrate his positive ability as well. Patients with obstacles in social interactions in which they feel difficult to start a conversation or maintain the interaction need to have such capabilities. The obstacles mostly come from within the individuals. Their mindset that actually assumes the environment will reject their presence so it makes them retreat to interact with others. That mindset arises because they often show less positive behaviors such as talking bad about others and demeaning other people

so they think other people will think the same toward them.

In session three, patients are taught how to interact in a group. It is expected that individuals who have successfully interact with other individuals may continue into group interaction. A group with more than two people in it has a different variation of attitude between one individual to another. This can greatly affect how a person in the group can practice patience and respect toward others by giving other people the opportunity to grow together. The group can also be a source of support where individuals can provide successful solutions that they have used for their friends in the group so that group members can support the other members within the group.

In session four, the patients are taught how to communicate something to others where it is to convey a criticism so that when delivering criticism either way, the individual is expected to still be able to receive the criticism well. Most patients say that they rarely convey to others about their dislike for fear of offending the person. They say even though they do not like the behavior of a person, they just shut up. A criticism when presented with a good way will help others to improve to be better. Someone's dislike toward a person's behavior where the person does

not understand and realize that his behavior actually harms others, he then will make other people upset, so this should be communicated well so that he could behave better. Acceptance of criticism indicates the person has a good coping skill so he can use the criticism to improve himself to be better. Patients with social interaction obstacles have less adaptive coping skill where they prefer to be alone, had no friends and motivation to interact with others, rarely joining in group activities, and feel inadequate and ashamed to mingle with other people or groups. We can imagine if a person with these symptoms cannot accept criticism and cannot process them to be positive changes for him, this person could have problems against the concept of their self and demonstrate bad behavior that lead to the maladaptive coping.

CONCLUSION

- Average social skills in the intervention group increases by 10.23 (41.87 becomes 52.10)
- Average social skills in the control group increases by 1.92 (41.20 becomes 43.12)

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