



## Withdrawal of Schizophrenia Patients

Fransina Tubalawony<sup>1</sup>, Erma Puspita Sari<sup>2</sup>, Rini Mustamin<sup>3</sup>, Sarifudin Andi Latif<sup>4</sup>, Rezqiqah Aulia Rahmat<sup>5</sup>

<sup>1</sup> Ambon Nursing Study Program, Poltekkes Kemenkes Maluku, Indonesia

<sup>2</sup> Midwifery Study Program, Universitas Kader Bangsa, Indonesia

<sup>3</sup> Nursing Study Program, Islamic University of Makassar, Indonesia

<sup>4</sup> Nursing Study Program, STIKes Amanah Makassar, Indonesia

<sup>5</sup> Medical Study Program, Bosowa University Makassar, Indonesia

### ABSTRACT

Schizophrenia is a mental disorder in the form of changes in psychomotor, volition, emotional affect, and perception. As a result of the symptoms that appear, problems arise for clients including, lack of self-care, risk of harming themselves and others, Low Self-Esteem. The purpose of this study was to obtain an overview of the implementation, application in mental nursing care with social isolation disorders of low self-esteem with a psychological, social, spiritual approach, in accordance with knowledge and skills. The research method uses a literature study method and case study with a comprehensive nursing process approach. The results of the study in Nursing Care have been given to clients and documented. The conclusion of this study is that several obstacles were encountered when the author conducted the assessment where the family as the client's support system was not present during the assessment so that some data were difficult to clarify.

**Keywords :** Sufferers, Schizophrenia, Mental Disorders, Psychomotor, Will, Emotional Affect, and Perception

Correspondent : Fransina Tubalawony

E-mail : [fransinatubalawony@gmail.com](mailto:fransinatubalawony@gmail.com)

## 1. Introduction

Based on Law No. 36 of 2009, mental health is a condition that allows optimal physical, intellectual, and emotional development of a person and that development is in





harmony with the condition of others. The meaning of mental health has a harmonious nature and pays attention to aspects of human life and how to relate to others.

One form of mental health disorder is Schizophrenia. Schizophrenia is a persistent and serious brain disease that results in psychotic behavior, concrete thinking, and difficulty in processing information, interpersonal relationships, and solving problems, according to Gail W. Stuart (2006: 240).

Schizophrenia is a mental disorder in the form of changes in psychomotor, will, emotional affect, and perception. As a result of the symptoms that appear, problems arise for clients including, lack of self-care, risk of harming themselves and others, Low Self-Esteem. (Townsend, 1998: 188).

Schizophrenia type (3 : 110-117)

#### 1. Paranoid schizophrenia

Paranoid schizophrenia is characterized by the presence of:

- a) Delusions of persecution or grandeur, feeling superior/special, and extreme suspicion of others.
- b) Hallucinatory voices that threaten the patient or give orders or auditory hallucinations without verbal form such as whistling, humming or laughing.

#### 2. Hebephrenic schizophrenia

A form of schizophrenia with marked affective changes, and generally also delusions and hallucinations that are floating and intermittent in nature. Flat or inappropriate affect, the patient's mood is shallow and inappropriate, often giggling, smiling to oneself, grinning and repetitive expressions. Thought processes are disorganized and speech is erratic and incoherent. There is a tendency to be alone and behavior is empty of purpose and feeling.

#### 3. Catatonic schizophrenia

Prominent psychomotor disorders are essential and dominant features that are manifested as:

- a) Stupor (significantly reduced reactivity to the environment and in spontaneous movement and activity) or mutism.





- b) Excessive motor activity.
  - c) Extreme negativity.
  - d) Bizarre voluntary movements as demonstrated by posturing.
  - e) Rigidity.
  - f) Echolalia or echopraxia.
  - g) Residual schizophrenia.
4. Simplex schizophrenia

An unusual disorder in which there is a slow but progressive development of behavioral abnormalities, inability to meet societal demands and overall decline in performance. There are no delusions and hallucinations, but it is accompanied by significant changes in individual behavior, which manifest as a marked loss of interest, laziness and social withdrawal.

The occurrence of this disorder is influenced by predisposing factors including development and socio-culture. Failure can cause individuals to lose confidence in themselves, lose confidence in others, be doubtful, afraid of being wrong, pessimistic, give up on others, be unable to formulate desires, and feel depressed.

This condition can lead to behavior such as not wanting to communicate with other people, preferring to remain silent, avoiding other people, and neglecting daily activities.

1. Predisposing factors

- a) Growth and development factors
- b) At each stage of individual growth and development, there are developmental tasks that must be fulfilled so that there is no disruption in social relationships. If these developmental tasks are not fulfilled, it will hinder the social development phase which can later cause problems.

2. Communication factors in the family

Communication disorders in the family are a supporting factor in the occurrence of disorders in social relationships. In this theory, problems in communication that cause ambiguity (double blindness) are included, namely a





situation where a family member receives conflicting messages at the same time or high emotional expressions in the family that hinder communication with the environment outside the family.

a) Socio-cultural factors

Social isolation or isolating oneself from the social environment is a supporting factor for the occurrence of disorders in social relationships. This is caused by the wrong norms adopted by the family, where every unproductive family member such as the elderly, chronically ill, and disabled are isolated from their social environment.

b) Biological factors

Biological factors are also a supporting factor in the occurrence of disorders in social relationships. The body organ that can influence the occurrence of social relationship disorders is the brain, for example, in schizophrenia clients who experience problems in social relationships, they have abnormal brain structures such as brain atrophy, as well as changes in the size and shape of cells in the limbic and cortical areas.

3. Precipitation factors

a) The occurrence of social relationship disorders can also be caused by internal and external factors of a person. Precipitation stressor factors can be grouped as follows:

b) External factors

An example is socio-cultural stressors, namely stress caused by socio-cultural factors such as family.

4. Internal factors

An example is psychological stressors, namely stress that occurs due to prolonged anxiety or anxiety and occurs together with the limitations of the individual's ability to cope. This anxiety can occur due to demands to separate from loved ones or unfulfilled individual needs.





Publish: Association of Indonesian Teachers and Lecturers

**International Journal of Health Sciences (IJHS)**Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 2 | Number 4 | December 2024 |



The nursing problems referred to are various problems concerning the nursing needs of the clients being treated. According to Budi Anna Keliat, 2006 nursing problems that can arise in clients with low self-esteem are:

- a. Social isolation: low self-esteem.
- b. Self-concept disorder: Low self-esteem.
- c. Risk of changes in sensory perception: Auditory hallucinations.
- d. Risk of violent behavior towards oneself.
- e. Ineffectiveness of therapeutic program management.
- f. Self-care deficit bathing and grooming.
- g. Ineffective family coping: the family's inability to care for the client at home.
- h. Health maintenance disorders.

## 2. Research Methods

Using literature study and case study methods with a comprehensive nursing process approach as follows:

### 1. Literature Study

By using various reading materials as sources of information about related medical and nursing concepts.

### 2. Case study

Data was obtained directly using the following techniques:

#### 3. Observation

4. This technique is carried out by directly observing the client's behavior.

##### a. Interview

Conducting Q &A with clients and nurses in the treatment room to obtain supporting data.

##### b. Documentation

Studying the client's medical records.





### 3. Results and Discussion

#### a. Results

The nursing process approach includes: assessment, nursing diagnosis, planning, implementation and evaluation.

##### 1. Assessment

Assessment is the initial and basic stage of the nursing process consisting of data collection and formulation of the client's problem needs with social isolation problems: Low Self-Esteem shows the following data:

- a. The client said he was embarrassed to socialize with other people.
- b. The client said he often daydreams.
- c. The client said he didn't like being in the mental hospital.
- d. The client said he had never been involved in activities in his environment.
- e. The client appears to be isolated.
- f. The client seems to be daydreaming.
- g. Lack of eye contact.
- h. The client looks sad.
- i. The client does not take care of himself.
- j. The client responds when given a strong stimulus.
- k. Client talk is slow.
- l. The client's movements and activities are slow.

##### 2. Nursing Diagnosis

Nursing diagnosis is a client statement that includes both adaptive and maladaptive healthy responses and supporting stressors. Nursing diagnoses that can be established in clients with Low Self-Esteem are as follows:

- a. The risk of self-harm behavior is associated with auditory hallucinations.
- b. Sensory/perceptual disturbances: auditory hallucinations related to withdrawal.
- c. Isolation : Low Self-Esteem is associated with chronic low self-esteem.





Publish: Association of Indonesian Teachers and Lecturers

**International Journal of Health Sciences (IJHS)**Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 2 | Number 4 | December 2024 |



- d. Impaired health maintenance related to self-care deficits: bathing and grooming.
- e. Ineffectiveness of therapeutic program management is related to the family's inability to care for the client at home.

### 3. Planning

Nursing action planning is a process of information, reception, delivery, and evaluation. Nursing action planning is a series of actions that can achieve each nursing goal. Basically, the interventions carried out in cases are not much different from the interventions in theory, depending on the nursing diagnosis found.

### 4. Implementation

Implementation is the implementation of nursing actions in accordance with the nursing action plan. The implementation of the implementation is adjusted to the action plan that has been made by the author. Before implementing the planned nursing actions, the author needs to validate whether the nursing action plan is still needed and in accordance with the current client's condition. The relationship of mutual trust between nurses and clients is the main basis for implementing nursing actions. The implementation that the author can do is only on the main problems, namely:

#### a. Diagnosis 1: Social Isolation

Goal: Clients can interact with other people gradually. Patients:

- 1) Build a relationship of mutual trust using the principles of therapeutic communication.
- 2) Greet clients in a friendly manner, both verbally and non-verbally.
- 3) Introduce yourself politely.
- 4) Ask the client's full name and preferred nickname.
- 5) Explain the purpose of the meeting.
- 6) Be honest and keep your promises.
- 7) Show empathy and accept clients as they are.





8) Pay attention to clients and pay attention to client needs.

**SP1 (patient) :**

- 1) Identifying the causes of social isolation: withdrawal.
- 2) Discuss with the patient the benefits of interacting with others.
- 3) Discuss with the client the disadvantages of not interacting with others.
- 4) Teaching clients how to get to know one person.
- 5) Encourage clients to include the practice of chatting with other people in daily activities.

**SP 2 (patient) :**

- 1) Evaluate the patient's daily activity schedule.
- 2) Give clients the opportunity to practice getting to know two people.
- 3) Helping patients incorporate talking with others as part of their daily activities.

**SP 3 (patient):**

- 1) Evaluate the patient's daily activity schedule.
- 2) Give clients the opportunity to practice getting to know two or more people.
- 3) Encourage patients to include it in their daily activities.

## 5. Evaluation

Evaluation is the process of assessing the achievement of goals and reviewing the nursing plan. Evaluation is an ongoing process and is carried out continuously to assess the effects of nursing actions that have been implemented.

a. Nursing problems resolved:

Diagnosis 1: social isolation: Low self-esteem, namely the client can

- 1) Building a relationship of mutual trust.
- 2) Mention the reason for withdrawal.
- 3) Mentioning the benefits of connecting with other people.
- 4) Mentioning losses not related to other people.
- 5) The client demonstrates how to get acquainted with other people.





6) Clients socialize and interact with other clients and nurses.

b. Obstacle

Several obstacles were encountered when the author conducted the assessment where the family as the client's support system was not present during the assessment so that some data were difficult to clarify.

c. Supporting Factors

The supporting factors during the author's assessment were being treated in the Palem room and some information from the client status book. The author also managed to build a trusting relationship with the client so that this also helped in the data review process. The family as a support system is expected to actively participate in helping the client during treatment.

#### 4. Conclusion

- 1) At the data assessment stage, the author has collected data based on subjective complaints of clients being treated. Objective results or direct examination by the author of information from the client's family were not obtained because the family was not present at the time of the data assessment.
- 2) In preparing a nursing diagnosis, accurate diagnostic skills are required according to the client's needs and conditions.
- 3) Nursing plans are prepared based on standards in existing theories and are adjusted to the client's conditions and needs.
- 4) At this implementation stage, interpersonal skills and therapeutic communication techniques are needed to carry out nursing actions and explore client problems more deeply and good cooperation is needed by other health teams.
- 5) In the implementation of nursing care evaluation is done to see whether the nursing goals have been achieved or not. At the evaluation stage the author can build a partnership relationship with the client that can maintain and even improve the success of the care that has been achieved.
- 6) Nursing care that has been provided to the client and documented.





Publish: Association of Indonesian Teachers and Lecturers

**International Journal of Health Sciences (IJHS)**Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 2 | Number 4 | December 2024 |



- 7) Several obstacles were encountered when the author conducted the assessment where the family as the client's support system was not present during the assessment so that some data were difficult to clarify.

## 5. Compliance with ethical standards

### Acknowledgements

The researcher would like to thank the Director of the Mental Hospital, as well as all parties who have helped carry out this research. Therefore, the researcher hopes that mental patients will receive better and proper services.

### Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

### Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

## Reference

1. Ali Imran; Dr. A. Nursinah, Verawati, Rusnita. HEALTH COMMUNICATION TEXTBOOK (Key to Success in Hospital Administration). ISBN: 978623-10-0088-0. <https://agdosi.com/2024/04/04/buku-ajar-komunikasi-kesehatan-kunci-sukses-administrasi-rumah-sakit/>
2. Azizah, Lilik Ma'rifatul. 2011. Mental Health Nursing. Graha Ilmu: Yogyakarta.
3. Bellavia, A. (2017). Psychology of Music Health Therapy. Jakarta: Golden Terayon Press.
4. Campbell, D. (2017). The Mozart Effect: Harnessing the Power of Music to Sharpen the Mind, Enhance Creativity and Improve the Body. Jakarta: Pt Gramedia Pustaka Utama.
5. Damayanti, R., Jumaini, & Utami, S. (2018). The effectiveness of classical music therapy in reducing hallucination levels in auditory hallucination patients at Tampan Mental Hospital, Riau Province. Journal of Chemical Information and Modeling, 1(2),
6. Daud, R., Asdar, F., & Rusly. (2018). Description of Characteristics of Price Sufferers Lower Self Hospitalized at RSKD.
7. Herman Sureja, Ade. 2011. Textbook of Mental Health Nursing Care. Nuha Medika.
8. Julita, E., Rahagia, R., Fajar Cahya, MR, Resti Wijayanti, FE, Malaha, N., Rasyid, D., & Pannyiwi, R. (2023). Therapeutic Communication of Nurses in the Surgical Treatment Room of RSUD Arifin Nu'mang. International Journal of Health Sciences, 1(1), 39–47. <https://doi.org/10.59585/ijhs.v1i1.51>
9. Keliat, Budi Anna; Akemat 2012. Professional Mental Health Nursing Practice Model. EGC: Jakarta.





Publish: Association of Indonesian Teachers and Lecturers

**International Journal of Health Sciences (IJHS)**Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 2 | Number 4 | December 2024 |



10. Kusumawaty, I., Yunike, Y., & Astuti, RD (2023). Enhancing the Achievement of Community Mental Health Through Health Cadre Development in Talang Buluh Village. *Sahabat Sosial: Journal of Community Service*, 2(1), 28–39. <https://doi.org/10.59585/sosisabdimas.v2i1.212>
11. Ministry of Health RI. 2017. Profile Health Indonesia Year 2016. Jakarta: Ministry Health Republic Indonesia.
12. Ministry of Health of the Republic of Indonesia. (2018). *Riskesmas 2018*. Research and Development Agency Health, 1–22.
13. Ministry of Health of Indonesia. (2018). *Indonesian Health Profile Year 2014*. Jakarta: Ministry of Health of the Republic of Indonesia.
14. Mustamin, R., Asmirah, R., Ningsih, ES, Delimayani, D., Sembiring, EA br., Anggeraeni, A., & (2024). Socialization and Health Education on Good and Correct Hand Washing Methods for Pregnant Women. *Sahabat Sosial: Journal of Community Service*, 3(1), 78–85. <https://doi.org/10.59585/sosisabdimas.v3i1.519>
15. Purwanto, Heri. 1994. *Communication for Nurses*, EGC; Jakarta.
16. Pratiwi, C., Yulis, DM, Djunaedi, D., & Pannyiwi, R. (2023). Diet Therapy and Physical Activity on Blood Sugar Levels in Diabetes Mellitus Patients in the Inpatient Room of Luwuk Banggai Regional Hospital. *Barongko: Journal of Health Sciences*, 2(1), 138–153. <https://doi.org/10.59585/bajik.v2i1.218>
17. 2009. *Mental Health Nursing Care*. Graha Ilmu: Yogyakarta.
18. Rohana, L. (2019). Characteristics of Hallucination Clients at Prof. Dr. Muhammad Ildrem Mental Hospital Medan in 2019. Medan State Polytechnic of Health Abstract.
19. Saragih, J. (2018). Overview of the Level of Knowledge and Attitude of Families regarding the Care of Hallucinatory Patients at Home. *Journal of Nursing*.
20. Setyoadi, & Kushariyadi. (2016). *Nursing Modality Therapy for Psychogeriatric Clients*. Jakarta: Salemba Medika Publisher.
21. Wijayanti, L.A., Lestaluhu, V., Saputra, MKF, Masithah, S., Pannyiwi, R., & Malaha, N. (2024). Readiness for Accreditation of the Administration and Management Working Group at the Basaan Community Health Center Southeast Minahasa Regency. *International Journal of Health Sciences*, 2(1), 48–64. <https://doi.org/10.59585/ijhs.v2i1.239>

