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The Relationship Between Self-Esteem and Family Social Interaction with Mentally Ill Patients in Medan Sunggal, Medan

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Abstract. Family member with mental illness causes inferiority, shamefulness, and minimal function in the community. In some cases, mentally ill patients withdrawn from interaction and refuse to communicate. The objective of the research was to analyze the correlation between self-esteem and social interaction in the family with mentally ill patients in Kelurahan Medan Sunggal, Medan. This was a descriptive quantitative study with correlation method. The samples were 18 family members who suffered from a mental disorder, with purposive sampling technique. The data collection using questionnaires and data analyses is undergone with univariate analysis and frequency distribution. The bivariate analysis applied Spearman's Rho test. The result of the research showed that 15 respondents (83.3%) had high self-esteem and 11 respondents (61.1%) had a good social interaction. There was a significant correlation between self-esteem and social interaction in a family with a mentally ill patient (P-value = 0.012) with positive direction ($r = 0.576$). It is concluded that a high self-esteem correlates well with the social interaction among the family members with mental illness. It is recommended for family members to maintain their self-esteem and social interaction capacity. A mentally disorder person should get social support from family, health care providers, the government, and society.

Keywords: Self-Esteem, Social Interaction, Family with Mentally Ill Patients

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1. Introduction

Mental disorder is a condition that can interfere with thoughts, behavior, and feelings which are manifested in the form of a series of symptoms or meaningful behavior changes that can cause suffering obstacles in carrying out human functions (RI Law No.18, 2014). The phenomenon of mental disorders has increased significantly in the world, including Indonesia. Every year the number of people with mental disorders is increasing. According to WHO (World Health Organization) data, there are around 35 million people affected by depression, 60 million people with bipolar disorder, 21 million affected by schizophrenia, and 47.5 million affected by dementia (WHO, 2016).

Medan health profile data in 2016, mental disorder visits were 7,846 patients, male 4,615 patients, and 3,231 female patients. Based on the medical record data of Medan Mental Hospital in 2016 from January to April outpatient visits, there were 3,653 people with schizophrenia (83.6%) of 4,371 mental patients.

The results of the researcher's initial survey were obtained from the results of a study entitled The Effect of Health Education on Family Knowledge About Early Detection of Adolescent Mental Health in Sunggal Sub-District, Medan City, it was found that local people felt ashamed if the family had mental disorders and they chose to hide and isolate people with mental disorders so that impact on self-esteem and family social interactions (Saadah, 2019). Data obtained from Puskesmas Medan Sunggal, Medan City, found a prevalence of 45 people who experience mental health problems including schizophrenia, anxiety disorder, and depression.

Susanto (2007) states that mental disorders are a condition that is closely related to individual, family, and social problems. The family is the social unit that is the closest support system to the client, which can be directly affected by the presence of mental health problems in the family. The presence of family members with mental disorders can cause heavy and prolonged financial and emotional burdens, as well as psychosocial conditions such as social stigma, discrimination, self-rejection, and poor relationships with families and communities in their environment (Friedman, 2010). Families with mental disorders can also experience unfavorable conditions because of the stigma & labeling aspects that are attached to them. The stigma that occurs in society greatly affects self-esteem and the process of social interaction in families with mental disorders which can make families with mental disorders feel ashamed, feel their self-esteem low, and their function in society becomes reduced, sometimes even people will isolate families with disorders the soul. The stigma felt by families with mental disorders is a

serious problem for families, because it is not easy for someone who accepts his condition as a family with the status of a family with mental disorders. when a person has been diagnosed with mental disorders in his psychosocial assessment, the patient will withdraw from his / her environment, including family.

Families with mental disorders are social creatures that interact with each other and have a social life that involves the surrounding environment, namely the community. In the community, the social interaction process will occur because every human being has instincts gregariousness, namely the instinct to always live in groups or together with other people in the process of social interaction, if the social interaction process is disturbed then this is influenced by disturbances in self-esteem. (Soejono Soekanto, 2004: 25).

2. Research Method

This research is research with quantitative methods using a "correlation description" design. The sampling technique was purposive sampling. The study was conducted to identify the relationship between self-esteem and social interaction in families with mental disorders in Medan Sunggal Urban Village, Medan City. The sample amounted to 18 people. The instrument used self-esteem and social interaction questionnaires. Data processing by editing, coding, processing, and cleaning. The statistical analysis used was univariate and bivariate with the Spearman Rho test analysis. Research ethics used by researchers Maleficience, Justice, Beneficence, and Informed Consent. The correlation coefficient $r = 0.576$ which means that the hypothesis is accepted, meaning that there is a significant relationship between self-esteem and family social interactions with mental disorders $P\text{-value} = 0.012$ with the strength of a strong relationship and the direction of the relationship is positive or unidirectional, meaning that the more self-esteem increases, the social interaction is also will increase.

Tabel 1. Results of the Analysis of the Relationship between Self-Esteem and Social Interaction in Families with Mental Disorders in Medan Sunggal Kota Village Field

Variable 1	Variable 2	r	p-value
Self-Esteem	Sosial Interaction	0.057	0.012

The results of the bivariate analysis test, Spearman's rho correlation hypothesis "There is a relationship between self-esteem and social interaction in the family with mental disorders in Medan Sunggal Urban Village, Medan, was accepted.

3. Result and Discussion

The bivariate analysis used to determine the correlation between self-esteem and social interaction was Spearman's rho statistical analysis. The table below shows the results of the correlation analysis of self-esteem variables with social interaction variables, which means that out of 15 families who have self-esteem in the high category 11 families have social interaction in the good category, and from 3 families who have self-esteem in the medium category. 7 families have social interaction in enough categories. Based on the results of the correlation analysis, it was obtained that the value of $p = 0.012$ $\alpha = 0.05$ and value.

Analysis of the relationship between social interactions and relationships shows that the higher the level of self-esteem and mental disorders, the better the family interaction. The relationship between the two variables is strong $r = 0.576$. The results of further statistical tests of impact, there was a relationship between self-esteem and social interaction $p = 0.012$. The results of this study are in line with research conducted by Lisnayanti 2015 which showed a significant relationship between the level of self-esteem and the level of parental anxiety in caring for mentally retarded children at SDLB C Negeri Denpasar with a $P\text{-value} = 0.00$ ($P < \alpha$), then H_a proved.

This is also supported by Yosevin's 2019 research which shows the results of the calculation that the obtained r is -0.194 . This shows that there is a low relationship with a negative direction so that the higher the caregiver burden felt by the family, the lower the social interaction pattern experienced by family caregivers with ODGJ sufferers.

The same thing was also found in Sagut's (2016) study that family caregivers of people with ODGJ experienced good interaction patterns. Roy's theory also states that the degree of adaptation is determined by a combination of the effects of focal, contextual, and residual stimuli. Adaptation occurs when a person responds positively to the environment. This adaptive response increases the integrity of a person, which will lead him to health. On the other hand, an ineffective response will lead to a disruption of one's integrity (Alligood, 2017).

Ambarsari (2012) states in his research that respondents have personal and social burdens as caregivers for people with ODGJ. Several factors also influence the success of caregivers of ODGJ sufferers in a positive adjustment process. Internal factors that are affected are the development of emotional maturity,

intellectual and spiritual, physical, and psychological status. The external factor that is affected is the environment, be it family or community environment.

Meanwhile, according to Byba Melda (2017), the caregiver adaptation model in the care of schizophrenic family members has an influence on self-esteem with the caregiver adaptation model, which means that caregiver adaptation in caring for patients is influenced by family characteristics, namely self-esteem with current conditions. Support obtained by families from the surrounding community, social networks, communication, and cooperation can influence family social interactions with other people. This is supported by Yuniar (2012) who stated that a good relationship with health workers, friendly and family-friendly attitude and behavior of health workers along compliance counseling can provide comfort for families who care for family members with mental disorders. The support from the community in the environment can also help families with mental disorders to be able to develop a positive self-concept and be able to live a better life.

4. Conclusion

There is a significant relationship between self-esteem and social interaction in families with mental disorders in Medan Sunggal Urban Village, Medan City. Nursing education from the results of this study can provide disturbing information about nursing related to family social interactions with mental disorders. Nursing services are expected to be able to use this research as a reference to add insight and broaden the study of self-esteem and social interactions of families with mental disorders.

Nursing research for further researchers, the results of this study can be used as an additional reference for further research related to self-esteem and family social interactions with mental disorders and can be used as a basis for developing further research using observational data collection techniques and a larger number of respondents. Research limitations, this study has weaknesses and shortcomings, namely the number of samples used is small due to the Covid-19 epidemic so that data collection is done online and is limited, the research instrument used by researchers is also a new instrument that cannot measure in-depth and accurately the characteristics of the problem. self-esteem and social interactions in families with mental disorders. It is hoped that further researchers can make a questionnaire that can measure in-depth and more accurately related to self-esteem and social interactions in families with mental disorders. The discussion in this study also lacks in describing supporting research because there are still few studies

examining self-esteem and social interactions in families with mental disorders so that it tends to link the discussion to theory in the literature review.

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6. Conflict of Interest

There is no conflict of interest in this research result.

REFERENCES

- [1] Arikunto,S. (2010). *Prosedur Penelitian Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta.
- [2] Baron & Byrne. (2000). *Social Psychology. (9th Edition)*. Massachusetts: A Pearson Education Company.
- [3] *Coopersmith, S. (2002). Revised Coopersmith self-esteem inventory manual. Redwood City: Mind Garden.*
- [4] Cahyono,A,W,G.(2017). *Konsep Diri Keluarga Yang Memiliki Anggota Keluarga Dengan Gangguan Jiwa Riwayat Pasung Di Kota Blitar*. Jurnal Ners dan Kebidanan. Vol 4 No 1, April 2017 diakses pada Juni 2017 dari : [Http://media.neliti.com](http://media.neliti.com).
- [5] Denissen, J.J.A., Penke, L., Schmitt, D.P., & van Aken, M.A.G. (2008). Self- Esteem Reaction to Social Interactions: Evidence for Sociometer Mechanisms Across Days, People, and Nations. *Journal of Personality and Social Psychology*. 95: 33-38.
- [6] Dinkes Medan. (2016). *Profil Kesehatan Kota Medan*. Medan: Dinas Kesehatan. diakses tanggal 06 Oktober 2018 dari: [Http://Www.Depkes.Go.Id](http://Www.Depkes.Go.Id)
- [7] Fortunela, M. (2014). Harga Diri dan Interaksi Sosial pada Remaja Panti Asuhan dan Remaja yang Tinggal Bersama Keluarga di Kabupaten Purbalingga. Jurnal karya ilmiah S1. 3 : 378-389
- [8] Friedman, M. (2010). *Keperawatan Keluarga : Teori dan Praktik Edisi 5*. Jakarta: ECG.
- [9] Gerungan W, A. 2004. *Psikologi Sosial*. Refika Aditama, Bandung.
- [10] Ghufron & Risnawita. 2011. *Teori-teori Psikologi*. Ar-Ruzz Media, Jogjakarta. Hasti.R. & Nurfarhanah.(2013). Hubungan Antara Interaksi Sosial Teman Sebaya Dengan Kemandirian Perilaku Remaja. *Journal Ilmiah Konseling*. 2: 317-323.
- [11] Harefa, K., Saragih, M., & Nursamah. (2012). *Hubungan Dukungan Keluarga Dengan Harga Diri Orang Dengan HIV/AIDS (ODHA) di Lembaga Medan Plus, Medan*. Skripsi.

- [12] Indriani M, (2019). *Hubungan Antara Harga Diri Dengan Interaksi Sosial Pada Siswa Kelas X SMA AL-AZHAR 3 Bandar Lampung Tahun Ajarann 2018/2019 (Skripsi)*. Fakultas Keguruan Dan Ilmu Pendidikan Universitas Lampung.
- [13] Keliat. B.A.dkk. (2012). *Model Praktik Keperawatan Profesional Jiwa*. Jakarta :EGC.
- [14] Kurnia, Y.(2019). *Hubungan Beban Pengasuhan Dengan Pola Interaksi Keluarga Orang Dengan Gangguan Jiwa (Odj) Di Rumah*.Fakultas Keperawatan Universitas Airlangga, Indonesia. Volume 1 No 2 September 2019.
- [15] Lisnayanti, (2015). *Hubungan Tingkat Harga Diri (Self-Esteem) Dengan Tingkat Ansietas Orang Tua Dalam Merawat Anak Tunagrahita Di Sdlb C Negeri Denpasar*. Program Studi Ilmu Keperawatan Fakuultas Kedokteran Universitas Udayana. Vol.3 No.2, Mei-Agustus 2015.
- [16] Maramis, W.F. (2010). *Ilmu Kedokteran Jiwa*. Erlangga Universitas Press.
- [17] Melda, B.(2017). *The Adaptation Model Of Caregiver In Treating Family Members With Schizophrenia In Kediri East Java*. Institute of Health Science - STIKes Surya Mitra Husada, Manila Street, Airlangga University. Jurnal Ners Vol. 12 No. 1 April 2017: 74-80.
- [18] Notoatmodjo, S. (2012). *Metodologi Pendidikan Kesehatan*. Jakarta: PT Rineka Cipta.
- [19] Nursalam. (2013). *Konsep Penerapan Metode Penelitian Ilmu Keperawatan*. Jakarta: Salemba Medika.
- [20] Polit, D. F., & Beck. C. T. (2012). *Nursing Research: Generation and Assessing Evidence for Nursing Practice*. Wolters Kluwer.
- [21] Riskesdas. (2018). *Riset Kesehatan Dasar*. diakses pada tanggal 06 Oktober 2018 dari : [Http://Www.Litbang.Depkes.Go.Id](http://www.litbang.depkes.go.id)
- [22] Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- [23] Saadah N. (2019). *Pengaruh Pendidikan Kesehatan Terhadap Pengetahuan Keluarga Tentang Deteksi Dini Kesehatan Jiwa Remaja Di Kelurahan Sunggal Kota Medan (Skripsi)*. Fakultas Keperawatan Universitas Sumatera Utara.

- [24] Sagut, P., & Çetinkaya Duman, Z. (2016). *Comparison of Caregiver Burden in First Episode Versus Chronic Psychosis*. *Archives of Psychiatric Nursing*, 30(6), 768–773. <https://doi.org/10.1016/j.apnu.2016.07.011>.
- [25] Sarwono, W.S. (2013). *Pengantar Psikologi Umum*. Raja Grafindo Persada, Jakarta.
- [26] Soekanto, S. (2006). *Sosiologi Suatu pengantar*. Jakarta : PT Raja Grafindo Persada.
- [27] Sugiono. (2009). *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Bandung: PT Alfabeta.
- [28] Suliswati. 2005. *Konsep Dasar Keperawatan Jiwa*. Jakarta : EGC
- [29] Stuart, G. W. & Sundeen. (2008). *Buku Saku Keperawatan Jiwa (edisi 3), alih bahasa*, Achir Yani, editor Yasmin Asih. Jakarta: EGC.
- [30] Undang-Undang Republik Indonesia Nomor 18 Tahun 2014 Tentang Kesehatan Jiwa. diakses Pada tanggal 15 Oktober 2018 dari : <Http://Ditjenpp.Kemenumham.Go.Id/Arsip/Ln/2014/Uu18-2014bt.Pdf>
- [31] Videbeck, Sheila L.,. (2008). *Buku Ajar Keperawatan Jiwa*. Jakarta: EGC.
- [32] WHO. (2016). *The world health report: 2012: mental health: new understanding, new hope*. Retrieved from www.who.int/whr/2012/en/
- [33] Widodo, A.S., & Pratitis, N.T. 2013. Harga Diri dan Interaksi Sosial ditinjau dari Status Sosial Ekonomi Orang Tua. *Jurnal Psikologi Indonesia*. 2: 131138.
- [34] Widjayanti. S. (2008). *Hubungan Antara Dukungan Keluarga Dengan Harga Diri Klien Gangguan Jiwa Di Unit Rawat Jalan Rumah Sakit Grhasia, Yogyakarta (Skripsi)*. Fakultas Kedokteran Universitas Muhammadiyah Yogyakarta.