Indonesian Journal of Global Health Research
Volume 8 Number 5, October 2026
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

THE EFFECT OF SOCIAL SKILL TRAINING ON THE QUALITY OF LIFE OF CLIENTS WITH SCHIZOPHRENIA

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ABSTRACT
Schizophrenia is a severe mental disorder often accompanied by symptoms of social isolation, leading to a decline in interaction abilities and negatively impacting patients' quality of life. At Soeharto Heerdjan Hospital, social isolation is one of the most common nursing diagnoses. Social Skill Training (SST) has been proven effective in improving patients' socialization skills; however, its specific impact on quality of life has not been extensively studied. This study aims to analyze the effect of Social Skill Training on the quality of life of clients with schizophrenia. The study employed a quasi-experimental design—specifically a "before-and-after with control" design—by administering SST to respondents. The sample consisted of 60 clients with schizophrenia: 30 received generalist therapy, while the other 30 received both generalist therapy and Social Skill Training. Quality of life was measured using the WHOQOL instrument and analyzed using the independent sample t-test, and and is a standard instrument. An improvement in quality of life was observed following the administration of Social Skill Training. Analysis results indicated a significant effect of SST on the quality of life of clients with schizophrenia ($p < 0.05$). Social Skill Training influences the improvement of quality of life in clients with schizophrenia.

Keywords: quality of life; schizophrenia; social skill training; social isolation

How to cite (in APA style)
Wnahayu, N. E., Mamang, A., Abdillah, B. N., Dilita, V. G. V., Lasma, J., Faddlah, E., … Musadad, D. A. (2026). The Effect of Social Skill Training on the Quality of Life of Clients with Schizophrenia. *Indonesian Journal of Global Health Research*, *8*(5), 389–396. https://doi.org/10.37287/ijghr.v8i5.2501.

INTRODUCTION

Mental health is an integral part of overall health. According to the World Health Organization, mental health is a state in which an individual realizes their own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to their community. Conversely, mental disorders are conditions characterized by disturbances in cognitive function, emotion, behavior, and social relationships, resulting in distress and impaired functioning in daily life. Schizophrenia is a severe mental disorder that constitutes a public health issue in many countries. It is a chronic condition characterized by disturbances in thought processes, perception, emotion, and behavior, as well as a decline in social functioning. In addition to positive symptoms such as hallucinations and delusions, patients with schizophrenia also experience negative symptoms, one of which is social isolation. This symptom causes individuals to withdraw from their surroundings, avoid social interactions, struggle to form interpersonal relationships, and lose the ability to fulfill their social roles. These conditions negatively impact the patient's quality of life.

The prevalence of mental disorders in Indonesia remains relatively high. According to the 2018 Basic Health Research (Riskesdas), the prevalence of households with a member suffering from schizophrenia or psychosis stood at 7 per 1,000 households. Schizophrenia impacts not only a patient's psychological state but also their work capacity, family relationships, productivity, and

overall quality of life. Consequently, the management of schizophrenia focuses not merely on symptom control but also on enhancing the patient's social functioning and quality of life.

Soeharto Heerdjan Hospital, a mental health referral center, reports a persistently high number of schizophrenia patients. Medical records indicate 3,157 diagnoses of schizophrenia in 2023, rising to 3,182 in 2024. Social isolation ranks second among nursing diagnoses, following hallucinations. Within the Rehabilitation Unit, the majority of day-care program participants are schizophrenia patients, with approximately one-quarter presenting with social isolation as their primary nursing diagnosis. These data demonstrate that social isolation remains a major challenge in psychiatric nursing care.

Various nursing interventions have been developed to address social isolation in patients with schizophrenia. One recommended intervention is Social Skills Training (SST), a therapy aimed at enhancing communication abilities, building interpersonal relationships, developing social problem-solving skills, and boosting patients' self-confidence in interacting with others. Through structured exercises, patients are expected to adapt to their social environments, thereby improving their social functioning.

Several studies have demonstrated the effectiveness of Social Skills Training in improving the socialization skills of patients with schizophrenia. Research by Renidayati et al. (2008) showed that patients receiving SST experienced greater improvements in cognitive abilities and social behavior compared to a group that did not receive the intervention. A study by Masithoh et al. (2011) also reported improved socialization skills following the administration of SST. However, most research has focused primarily on enhancing social interaction skills, with few studies comprehensively evaluating the impact of SST on the quality of life of patients with schizophrenia.

Quality of life is a key indicator of successful rehabilitation for patients with schizophrenia. Patients with better social skills tend to be more capable of performing daily activities, maintaining interpersonal relationships, increasing their independence, and participating in community life. Therefore, research is needed to examine whether improvements in social skills achieved through Social Skill Training are also accompanied by improvements in the patients' quality of life.
Given this context, there remains a research gap regarding the impact of Social Skill Training on the quality of life of clients with schizophrenia, particularly at Soeharto Heerdjan Hospital. Consequently, this study aims to analyze the effect of Social Skill Training on the quality of life of clients with schizophrenia.

METHOD

Research Design

This study employs a quasi-experimental design—specifically a "before-and-after with control" design—in which the SST intervention is administered to the respondents. While this design includes a control group, it cannot fully control for extraneous variables affecting the conduct of the experiment.

Instrumen

The instruments used include a respondent demographic questionnaire, a questionnaire on social signs and symptoms and socialization skills, and the Quality of Life Questionnaire (WHOQOL).

Data Collection Procedure

Data collection was conducted through a questionnaire-based interview process. The questionnaire served as the data collection instrument, requiring respondents to answer a series of questions.

Data Processing

The researcher performed data processing electronically using computer-based applications. The processing stages included data editing, coding, data entry, and data cleaning. The SPSS application was used for this processing. This study underwent an ethical review in accordance with the regulations applicable at Soeharto Heerdjan Hospital and received ethical clearance under reference number PP.06.02/D.XXXVIII/4108/2025.

RESULT

Tabel 1.1
Distribution of respondents based on demographic characteristics (n=60)

Characteristic	f	%
Age		
18 - 58	52	86,6
58 years	8	13,4
Gender		
Male	43	71,7
Female	17	28,3
Education		
≤ SMA	44	73,3
>SMA	16	26,4
Employment status		
Employed	21	35
Unemployed	39	65
SST		
No	30	50
Yes	30	50

Table 2.
The Effect of Social Skills Training on the Quality of Life of Clients with Schizophrenia

Domain	α	*Sig. (2-tailed)*
Domain 1 (Physical Health)	0,05	0,012
Domain 2 (Psychological)	0,05	0,000
Domain 3 (Social Relationships)	0,05	0,013
Domain 4 (Environment)	0,05	0,017

The data in the table above indicate that all domains—Domain 1, Domain 2, Domain 3, and Domain 4—yielded values of < 0.05, signifying that Social Skill Training has an impact on the quality of life of clients with schizophrenia.

DISCUSSION

Age

The age characteristics of respondents in the control group showed that 93% were aged 18–40 years, while 7% were aged 59 years. In the intervention group, 80% of respondents were aged 18–40 years, while 7% were aged 59 years. Based on the findings of this study, the majority of respondents in both the intervention and control groups were aged between 18 and 40 years.

A relatively mature age is associated with broader life experience and a higher level of emotional maturity. Older individuals tend to have better skills in facing challenges, making decisions, and adapting to changes. However, maturity is also influenced by other factors, such as personal experiences and the social environment. Therefore, although age may serve as an indicator of maturity, it does not necessarily guarantee that all individuals within a particular age group will have the same level of maturity. According to Notoatmodjo (2018), as individuals grow older, they tend to develop more mature and organized patterns of thinking, particularly in providing care. This includes the ability to understand the needs of others, plan appropriate actions, and make appropriate decisions based on life experiences.

Gender

The gender characteristics of the respondents showed that 67% of respondents in the control group were male, while 77% of respondents in the intervention group were male. Based on these findings, there were no substantial differences between the control and intervention groups, with males constituting the majority in both groups. The predominance of male respondents in both groups indicates that the distribution of respondent characteristics was relatively homogeneous. Therefore, gender was not expected to influence the differences in the outcomes of the intervention. The similarity of these characteristics is important in intervention studies because it may minimize potential bias and improve the internal validity of the study.

Education

The educational characteristics of respondents showed that the majority of respondents in the control group had completed senior high school education (46%), while the majority of respondents in the intervention group also had completed senior high school education (60%). Based on these findings, there were no substantial differences between the control and intervention groups, as most respondents in both groups had a senior high school education. This finding is consistent with the results of the statistical analysis, which showed no association between educational level and the quality of life of clients with schizophrenia across all domains. This finding is supported by Awad and Voruganti (2016), who stated that the quality of life of individuals with schizophrenia is more strongly influenced by clinical and psychosocial factors, such as symptom control, social functioning, and environmental support, than by formal educational background. Furthermore, the World Health Organization (2019) emphasizes that quality of life is a multidimensional concept that is not determined solely by education but also by an individual's perception of health, independence, and social support.

Employment Status

The employment characteristics of respondents showed that 73% of respondents in the control group were unemployed, while 68% of respondents in the intervention group were unemployed. The high proportion of individuals with mental disorders who were unemployed may be attributed to limitations in psychosocial functioning, impaired adaptive abilities, and the impact of social stigma, which may affect employment opportunities and job retention. Marwaha and Johnson (2014) stated that, among clients with schizophrenia, negative symptoms, impaired social functioning, and cognitive deficits significantly contribute to low levels of employment participation. In addition, stigma and discrimination in the workplace often hinder opportunities to obtain and maintain employment, even when the patient's clinical condition is stable (Thornicroft et al., 2009).

This condition reflects a common reality among clients with schizophrenia, in whom cognitive impairment, negative symptoms, and limited social abilities often present barriers to maintaining employment. Although various studies have reported that employment is positively associated with improved quality of life, particularly in the physical, psychological, and environmental domains, this relationship is not always causal and is strongly influenced by clinical factors and the availability of vocational support (Marwaha & Johnson, 2014; Rinaldi et al., 2016). The World Health Organization (2019) also emphasizes that quality of life among individuals with mental disorders is influenced by the complex interaction between health conditions, independence, the social environment, and opportunities to participate in society. Therefore, the high proportion of unemployed respondents in both groups may explain why employment status did not demonstrate a meaningful difference in relation to quality of life in this study.

Marital Status

The marital status characteristics showed that the majority of respondents in both the control and intervention groups were unmarried, accounting for 73% and 67%, respectively. Based on these

findings, there were no substantial differences in marital status between the control and intervention groups. The predominance of unmarried status among individuals with mental disorders may be associated with limitations in social functioning, difficulties in establishing stable interpersonal relationships, and the impact of persistent social stigma toward individuals with mental disorders. Marital status may also play a role in the patient's social support system, as unmarried individuals may have more limited support compared with those who are married.

Duration of Illness

The characteristics of respondents based on the duration of illness showed that 60% of respondents in the control group had been ill for less than one year, while 53% of respondents in the intervention group had experienced the illness for less than one year. Based on these findings, there were no substantial differences between the control and intervention groups, as the majority of respondents in both groups had a duration of illness of less than one year.

This finding is consistent with the results of the statistical analysis, which showed no significant differences in quality of life based on the duration of illness in the intervention group across all domains. Among clients with schizophrenia in the early phase of the illness, quality of life may still be relatively preserved because the cumulative impact of the disease on physical, psychological, social, and environmental functioning may not yet have developed significantly (Galderisi et al., 2015).

Several previous studies have also reported that a shorter duration of illness is not consistently associated with a decline in quality of life, particularly when patients receive adequate treatment and healthcare support (Awad & Voruganti, 2016). A decline in quality of life is generally more evident among patients with a longer duration of illness due to the cumulative effects of negative symptoms, impaired social functioning, and recurrent relapses (Charlson et al., 2018). The World Health Organization (2019) emphasizes that quality of life in mental disorders is multidimensional and influenced by the interaction of various factors; therefore, the duration of illness during the early phase may not yet be a primary determinant of quality of life. Thus, the findings of this study reinforce the importance of early intervention in maintaining the quality of life of clients with schizophrenia from the beginning of the course of the illness.

The Effect of Social Skills Training on the Quality of Life of Clients with Schizophrenia

The results of the study showed that social skills training had an effect on the quality of life of clients with schizophrenia. The provision of social skills training contributed to improvements in clients' quality of life across all domains, namely physical health (D1), psychological well-being (D2), social relationships (D3), and environmental factors (D4). These findings indicate that social skills training is an effective psychosocial intervention for comprehensively improving the quality of life of clients with schizophrenia.

The improvement in the physical health domain of quality of life following the implementation of social skills training may be associated with increased client activity and participation in daily activities. Through social skills training, clients are encouraged to become more actively engaged in social interactions, participate in group activities, and develop more structured daily routines. These changes may positively influence their perception of their physical condition and energy levels. In the psychological domain, social skills training helps clients improve their self-confidence, self-esteem, and ability to manage emotions. The learning process, which involves methods such as modeling, role-play, and feedback, enables clients to gain positive experiences in social interactions. These experiences may subsequently enhance their sense of purpose and satisfaction with themselves, thereby contributing to improvements in the psychological well-being of clients with schizophrenia.

The most noticeable effect of social skills training was observed in the social relationships domain. This intervention directly targets clients' communication and social interaction skills, enabling them to establish and maintain positive social relationships more effectively. Improved social skills may help reduce social withdrawal, increase the frequency of social interactions, and enhance the quality of relationships with family members, fellow clients, and healthcare professionals. Furthermore, social skills training also had an effect on the environmental domain. Improved social adaptation enables clients to make better use of available environmental resources, feel safer and more comfortable in their surroundings, and develop more positive perceptions of the support provided by healthcare services. These findings indicate that psychosocial interventions not only affect the individual but also influence how individuals perceive and interpret their surrounding environment.

The findings of this study are consistent with those reported by Eack et al. (2018), who stated that psychosocial rehabilitation interventions, including social skills training, can significantly improve the quality of life of clients with schizophrenia across various domains. These findings also support the quality of life framework proposed by the World Health Organization, which emphasizes that quality of life is influenced by the interaction among physical health, psychological well-being, social relationships, and environmental factors.

In conclusion, the findings of this study confirm that social skills training plays an important role in improving the quality of life of clients with schizophrenia. This intervention not only improves social functioning but also provides comprehensive positive effects on clients' overall well-being. Therefore, social skills training is worthy of consideration as part of mental health nursing services and psychosocial rehabilitation programs for supporting recovery and improving the quality of life of clients with schizophrenia.

Social skill training was found to influence quality of life across the physical health (D1), psychological (D2), social relationships (D3), and environmental (D4) domains. These findings align with research conducted by Samah et al. (2025), which demonstrated that social skill training programs significantly improve overall quality of life scores. Significant improvements were observed in all quality of life domains—physical, psychological, social relationships, and environmental—following the intervention. A study by Ratna (2024) involving 40 respondents showed an improvement in social functioning after the administration of social skill training. These results are further supported by findings from Sonia et al. (2024), indicating that social skill training enhances physical, psychological, social relationship, and environmental functioning.
In conclusion, social skill training can improve the quality of life for patients with schizophrenia, a finding consistent with previous research.

CONCLUSION

Regarding respondent characteristics, the majority fell within the 18–58 age range (86.6%), were male (71.7%), had a high school education or lower (73.3%), and were unemployed (65%). Social skill training was found to influence the quality of life of clients with schizophrenia across all domains: physical health, psychological well-being, social relationships, and environment. This indicates that social skill training is an effective psychosocial intervention for comprehensively improving the quality of life of clients with schizophrenia.

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