



Nursing Care in Tn. N And Tn. R with Problems of Sensory Perception Disorders: Hearing Hallucinations

Indah Muntiar¹, Adelia Apriliza²

^{1,2} Nursing Diploma III Study Program, Poltekkes Kemenkes Palembang

Email: indahmuntiar@student.poltekkespalembang.ac.id, adeliaapriliza@student.poltekkespalembang.ac.id

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ABSTRACT

Hallucinations are the client's perception of the environment without any real stimulus, which means the client interprets something real without external stimulus. The purpose of this writing is to describe the nursing management of sensory perception disorders: auditory hallucinations in Mr. N and Mr. R at RSJ Palembang. The method used is to provide management in the form of patient care to control the auditory hallucinations they experience. Patient management was carried out for 5 days for Mr. N and Mr. R. Data collection techniques were carried out using interview techniques, physical examination and observation. Management results showed that clients were able to control the auditory hallucinations they experienced, namely by shouting, having conversations, scheduled activities and taking medication. Clients are able to overcome the hallucinations they experience as a whole so that the treatment given can provide optimal results. Suggestions for RSJ are expected to improve nursing care for sensory perception disorders: hallucinations by involving clients in various activities in the room so that clients remain focused and do not get lost in their hallucinations.

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Corresponding Author:

Indah Muntiar, Adelia Apriliza

Program Studi DIII Keperawatan Palembang,

Poltekkes Kemenkes Palembang,

Jl. Merdeka No. 76-78, Talang Semut, Kec. Bukit Kecil, Palembang City, South Sumatera 30135

Email: indahmuntiar@poltekkespalembang.ac.id, adeliaapriliza@poltekkespalembang.ac.id

1. INTRODUCTION

Mental disorders are syndromes or behavioral patterns that are clinically related to distress or suffering that cause interference with one or more functions of human life. Of the many cases, according to Stuart (2009), one of the factors causing mental disorders is the intellectual aspect, this is because it is related to a person's ability to convey ideas or opinions, which will then influence a person's ability to fulfill the hopes and desires they want to achieve in their life.[1]

Mental disorders according to WHO (World Health Organization) are severe mental disorders that typically appear in late adolescence or early adulthood, where these disorders are characterized by distorted perceptions and thoughts, as well as inappropriate emotions.[2]

According to Basic Health Research in Indonesia, the most people suffering from mental disorders are in Bali, namely with a percentage of 11.0, while Central Java itself is in the 5th highest position, namely with a percentage of 9.0, with the most cases of mental disorders appearing, namely mental disorders. Sensory perception: hallucinations.

Hallucinations are false experiences or false perceptions or false responses to sensory stimulation. A false perceptual distortion that occurs in a maladaptive neurological response. A person actually experiences sensory deviations as real things and responds to them. Hallucinations can arise from any of the five senses. Responses to hallucinations include hearing voices, suspicion, worry, unable to make decisions, unable to differentiate between real and unreal. Patients with hallucinations are caused by parenting, developmental, neurobiological and psychological factors, causing hallucinatory symptoms. A person who experiences

hallucinations talks to himself, smiles to himself, laughs to himself, withdraws from other people, and cannot differentiate between real and unreal.[3]

One of the factors causing hallucinations is the absence of communication, closed communication, no warmth in the family, hereditary factors and the family not knowing how to handle the patient's behavior at home.[4]The impact that can be caused by patients who experience hallucinations is loss of self-control. Where the patient experiences panic and his behavior is controlled by his hallucinations. In this situation, patients can commit suicide, kill other people, and even damage the environment. To minimize the impact, proper handling of hallucinations is needed.

Therefore, the efforts that have been made to overcome hallucinations must be carried out both at the initial health service level and at the secondary health service level, so that people with mental disorders can be treated well.

One effort that can be made by nurses is to provide optimal mental nursing care. Mental nursing care is a form of professional service which is an integral part of health services based on nursing knowledge and tips in the form of comprehensive bio-psycho-social-spiritual services aimed at individuals, clients and families, people, both sick and healthy, covering the whole of life. man.

2. RESEARCH METHOD

The method used by the author in nursing care for the client Mr. N and Mr.R at RSJ Palembang, namely a descriptive method with data collection techniques carried out using interview techniques, physical examination and observation of clients. So it can be easier to understand and conclude.

3. RESULTS AND DISCUSSION

3.1. Result

The results of the management were auditory hallucinations and nursing actions were carried out in the form of building a relationship of trust, identifying hallucinations, introducing hallucinations and how to control hallucinations, having conversations, carrying out scheduled activities and taking medication.

And during the nursing action it was found that Mr. N and Mr. R's problems with auditory hallucinations decreased after being taught how to deal with his hallucinations.

No	Aspects studied	Mr. N	Mr. R
1.	Name Initials	Mr. N	Mr. R
2.	Age	54 Years	31 years
3.	Gender	Man	Man
4	Education	SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL
5	Position in the family	The 2nd child of 3 siblings	The 2nd child of 3 siblings
6	Since when have you been treated in hospital?	November 10, 2023	November 8, 2023
7	How many times have you been treated?	2nd time	5th time
8	Does anyone in the family experience mental disorders?	There isn't any	There isn't any
9	What are the initial symptoms of Hallucinations?	Daydreaming, talking to yourself	Talking to yourself, laughing to yourself



10	When do the first symptoms of hallucinations appear?	When alone	At certain times, it can be sudden
11	Behavior that occurs when hallucinations appear	Talking alone	Talking alone
12	Reasons for Dropping Out of Drugs	Mr. N said he didn't want to and refused to take medicine	Mr. R thought he was cured and didn't need to take medicine anymore
13	Symptoms after drug withdrawal	The client is often silent and daydreaming	Mr. R said that when he was withdrawing from drugs he always heard a voice calling someone's name and bothering him
14	Who are the closest people to the patient?	Mr. M said the person closest to him was his father.	Mr. U said the person closest to him was his mother
15	Has your family ever visited RSJ?	The patient was never visited by his family	The patient was never visited by his family

Medical diagnosis of Mr. is paranoid schizophrenia with auditory hallucinations. The pharmacological therapy given was Clozapine rispindene and olanzapine. At Mr. R is paranoid schizophrenia with auditory hallucinations. The pharmacological therapy given is Aripiprazole and Lorazepam.

OnThe nursing care action carried out by the nurse for patient 1 and patient 2 was the strategy for implementing how to control auditory hallucinations with 5 SPs which were carried out over 5 meetings, where the results showed that patient 1 was able to carry out the action well. The nurse taught how to control auditory hallucinations by identifying them. hallucinations, types of hallucinations, content of hallucinations, time of occurrence, frequency of hallucinations, duration of hallucinations. Next, teach the patient how to shout, have a conversation, carry out scheduled activities, and take medication. In case patient 2 is able to carry out the action well, the nurse teaches how to control auditory hallucinations by identifying hallucinations, types of hallucinations, content of hallucinations, time of occurrence, frequency of hallucinations, duration of hallucinations. Next, teach the patient how to shout, have a conversation, carry out scheduled activities, and take medication. Note that Mr. N can follow the exercises that have been taught, but Mr. N tends to get bored easily, and Mr. N still seems anxious for Mr. N. R can follow the exercises that have been taught, the patient is cooperative, there is eye contact, and the patient looks calm.

3.2. Discussion

After implementing the implementation strategy on patient 1 and patient 2, the results showed that both patients were able to carry out the implementation well because they were willing to follow the nurse's instructions and directions. From the results of this implementation, of course there are several differences in behavior after the implementation. In patient 1, after implementation, the patient was able to control hallucinations using these four methods, the patient was able to practice rebuking, conversing, carrying out scheduled activities and taking medication. Likewise with the patient's behavior, after implementation, the patient was cooperative for 5 meetings, there was eye contact. Patient 2 after implementation, the patient was able to control hallucinations using these four methods, the patient was able to practice rebuking, conversing, carrying out scheduled activities and taking medication. Likewise with the patient's behavior, after implementing it for 5 meetings, Mr. N can follow the exercises that have been taught, but Mr. N tends to switch easily, and still seems nervous to Mr. R can follow the exercises that have been taught, the patient is cooperative, there is eye contact and the patient looks calm.

4. CONCLUSION

After providing nursing care to patients with auditory hallucinations, it was found that there was a development in the patient's condition from before and after being given physical exercise 1 to physical exercise 4

which was aimed at training to control the hallucinations and it was also found that there was a difference in response between Mr. N and Mr. R. for Mr. N tends to switch easily, and still seems restless, while for Mr. R can follow the physical exercises that have been taught, the patient is cooperative, eye contact is (+), and the patient looks calm.

REFERENCES

- [1] A. A. N. Lase and J. A. Pardede, "Penerapan Terapi Generalis (SP 1-4) Pada Penderita Skizofrenia Dengan Masalah Halusinasi Di Ruang Sibual-buali : Studi Kasus," *Reseach Gate*, no. March, pp. 1–38, 2022.
- [2] I. S. O. Susetyo, M. Ulfah, and I. Apriliyani, "Studi Kasus Gangguan Sensori Persepsi Halusinasi Pendengaran Tn. R di RSJD Prof. Dr. Soerojo Magelang," *Semin. Nas. Penelit. dan Pengabd. Kpd. Masy.*, pp. 486–494, 2021.
- [3] B. S. Telaumbanua and J. A. Pardede, "Halusinasi; Asuhan Keperawatan Psikiatri; Skizofernia," *Halusinasi; Asuhan Keperawatan Psikiatri; Ski.*, pp. 1–8, 2020.
- [4] I. Harkomah, "Analisis Pengalaman Keluarga Merawat Pasien Skizofrenia dengan Masalah Halusinasi Pendengaran Pasca Hospitalisasi," *J. Endur.*, vol. 4, no. 2, p. 282, 2019, doi: 10.22216/jen.v4i2.3844.
- [5] E. N. Anjani, U. ' Aisyiyah, S. Siti, and R. Soleman, "Penerapan Terapi Aktivitas Kelompok (TAK) Terhadap Penurunan Tingkat Halusinasi Pendengaran Pada Pasien Skizofernia Di RSJD Dr. RM Soedjarwadi Klaten Wahyu Reknoningsih," *J. Vent. J. Ris. ilmu Kesehat. dan Keperawatan*, vol. 1, no. 3, pp. 99–107, 2023.
- [6] A. Rohim, P. A. Haqi, and K. Aini, "Pengaruh terapi Qur'anic terhadap halusinasi pendengaran pada pasien dengan skizofrenia di Kecamatan Darma Kabupaten Kuningan tahun 2023," *J. Ilmu Kesehat. Bhakti Husada Heal. Sci. J.*, vol. 14, no. 02, pp. 204–214, 2023, doi: 10.34305/jikbh.v14i02.935.
- [7] D. A. Yanti, T. M. Karokaro, K. Sitepu, . P., and W. N. Br Purba, "Efektivitas Terapi Musik Klasik Terhadap Penurunan Tingkat Halusinasi Pada Pasien Halusinasi Pendengaran Di Rumah Sakit Jiwa Prof. Dr.M. Ildrem Medan Tahun 2020," *J. Keperawatan Dan Fisioter.*, vol. 3, no. 1, pp. 125–131, 2020, doi: 10.35451/jkf.v3i1.527.
- [8] Nur Syamsi Norma Lalla and Wiwi Yunita, "Penerapan Terapi Generalis Pada Pasen Skizofrenia Dengan Masalah Keperawatan Halusinasi Pendengaran," *J. Ris. Rumpun Ilmu Kedokt.*, vol. 1, no. 1, pp. 10–19, 2022, doi: 10.55606/jurrike.v1i1.353.
- [9] TEMA 11, "Pendahuluan Perpustakaan Universitas Muhammadiyah Tasikmalaya," *J. Mater. Process. Technol.*, vol. 1, no. 1, pp. 1–8, 2018, [Online]. Available: <http://dx.doi.org/10.1016/j.cirp.2016.06.001>[Ahttp://dx.doi.org/10.1016/j.powtec.2016.12.055](http://dx.doi.org/10.1016/j.powtec.2016.12.055)[Ahttps://doi.org/10.1016/j.jffatigue.2019.02.006](https://doi.org/10.1016/j.jffatigue.2019.02.006)[Ahttps://doi.org/10.1016/j.matlet.2019.04.024](https://doi.org/10.1016/j.matlet.2019.04.024)[Ahttps://doi.org/10.1016/j.matlet.2019.127252](https://doi.org/10.1016/j.matlet.2019.127252)[Ahttp://dx.doi.org](http://dx.doi.org)
- [10] A. Anggoro Wati, S. Rahma Soleman, and W. Reknoningsih, "SEHATRAKYAT (Jurnal Kesehatan Masyarakat) Penerapan Terapi Musik Terhadap Penurunan Tingkat Halusinasi Pendengaran pada Pasien Gangguan Jiwa di Rumah Sakit Jiwa RSJD Dr. RM Soedjarwadi Klaten Provinsi Jawa Tengah," vol. 2, no. 3, pp. 456–463, 2023, doi: 10.54259/sehatrakyat.v2i3.1911.
- [11] R. Ramdani, B. Basmalah, R. Abdullah, and E. H. Ahmad, "Application of Capable Individual Therapy in Hearing Hallucination Patients," *J. Ilm. Kesehat. Sandi Husada*, vol. 12, no. 1, pp. 117–122, 2023, doi: 10.35816/jiskh.v12i1.911.
- [12] V. Smith *et al.*, "BAB I Pendahuluan," *J. Mater. Process. Technol.*, vol. 1, no. 1, pp. 1–8, 2017, [Online]. Available: <http://dx.doi.org/10.1016/j.cirp.2016.06.001>[Ahttp://dx.doi.org/10.1016/j.powtec.2016.12.055](http://dx.doi.org/10.1016/j.powtec.2016.12.055)[Ahttps://doi.org/10.1016/j.jffatigue.2019.02.006](https://doi.org/10.1016/j.jffatigue.2019.02.006)[Ahttps://doi.org/10.1016/j.matlet.2019.04.024](https://doi.org/10.1016/j.matlet.2019.04.024)[Ahttps://doi.org/10.1016/j.matlet.2019.127252](https://doi.org/10.1016/j.matlet.2019.127252)[Ahttp://dx.doi.org](http://dx.doi.org)
- [13] N. kadek A. Wulandari, M. Heri, N. W. Putra, N. M. Astriani, and P. I. Dewi, "Analisis Asuhan Keperawatan Dengan Intervensi Terapi Aktivitas Kelompok Pada Pasien Dengan Masalah Keperawatan Halusinasi Pendengaran," *J. Telenursing*, vol. 5, pp. 3763–3764, 2023.
- [14] A. Akbar and D. A. Rahayu, "Terapi Stimulasi Persepi Dalam Mengontrol Halusinasi Pada Pasien Halusinasi Pendengaran," *Ners Muda*, vol. 2, no. 2, p. 66, 2021.
- [15] Cicilia Aditya Melinda and Ita Apriliyani, "Penatalaksanaan Terapi Okupasi Pada an.W Dengan Halusinasi Pendengaran Di Rsj Soerojo Magelang," *J. Cakrawala Ilm.*, vol. 2, no. 11, pp. 4123–4128, 2023, doi: 10.53625/jcijurnalcakrawalailmiah.v2i11.6115.
- [16] R. N. Abdurkhaman and M. A. Maulana, "Psikoreligius Terhadap Perubahan Persepsi Sensorik Pada Pasien Halusinasi Pendengaran Di Rsud Arjawinangun Kabupaten Cirebon," *J. Educ. Dev.*, vol. 10, no. 1, pp. 251–



- 253, 2022.
- [17] S. Angriani, R. Rahman, R. Mato, and A. Fauziah, "Studi Literatur Teknik Menghardik Pada Pasien Halusinasi Pendengaran," *Media Keperawatan Politek. Kesehat. Makassar*, vol. 13, no. 2, p. 155, 2022, doi: 10.32382/jmk.v13i2.3013.
- [18] R. F. Mustopa, A. Minarningtyas, and A. Nurillawaty, "Pengaruh Terapi Okupasi Aktivitas Waktu Luang (Menyapu, Membersihkan Tempat Tidur, Menanam Tanaman dan Menggambar) terhadap Gejala Halusinasi Pendengaran," *J. Gema Keperawatan*, vol. 14, no. 1, pp. 40–49, 2021, doi: 10.33992/jgk.v14i1.1580.
- [19] S. Patimah, "Aplikasi Terapi Bercakap - Cakap Pada Tn. N dengan Gangguan Persepsi Sensori: Halusinasi Pendengaran di Jampang Kulon," *J. Lentera*, vol. 4, no. 1, pp. 6–10, 2021, doi: 10.37150/jl.v4i1.1382.
- [20] F. Famela, I. Kusumawaty, S. Martini, and Y. Yunike, "Implementasi Keperawatan Teknik Bercakap-Cakap Pada Pasien Halusinasi Pendengaran," *J. 'Aisyiyah Med.*, vol. 7, no. 2, pp. 205–214, 2022, doi: 10.36729/jam.v7i2.869.
- [21] T. S. D. Apriliani, E. T. Fitriyah, and A. Kusyani, "Pengaruh Terapi Musik Terhadap Perubahan Perilaku Penderita Halusinasi Pendengaran Pada Pasien Skizofrenia: Tinjauan Literatur," *J. Ilm. Keperawatan (Scientific J. Nursing)*, vol. 7, no. 1, pp. 60–69, 2021, doi: 10.33023/jikep.v7i1.654.
- [22] S. Oktaviani, U. Hasanah, and I. T. Utami, "Penerapan terapi Menghardik Dan Menggambar pada Pasien Halusinasi Pendengaran," *J. Cendikia Muda*, vol. 2, no. September, pp. 407–415, 2022, [Online]. Available: <https://jurnal.akperdharmawacana.ac.id/index.php/JWC/article/viewFile/365/226>
- [23] N. T. Waja, A. Syafei, P. Putinah, and L. Latifah, "Pengaruh Terapi Audio Murottal Al-Qur'an (Surah Ar-Rahman) Terhadap Skor Halusinasi Pada Pasien Halusinasi Pendengaran," *J. Ris. Media Keperawatan*, vol. 6, no. 1, pp. 7–14, 2023, doi: 10.51851/jrmk.v6i1.362.
- [24] D. Maharani, N. L. F, and U. H, "Penerapan Terapi Musik Klasik Terhadap Tanda Dan Gejala Pada Pasien Halusinasi Pendengaran Application of Classical Music Therapy on Signs and Symptoms in Hearing Halumination Patients," *J. Cendikia Muda*, vol. 2, no. 1, pp. 24–31, 2022.
- [25] Afriyanti, A. Sahlan, and R. Isma Sundari, "Intervensi Terapi Berdzikir pada Kasus Gangguan Persepsi Sensori Halusinasi Pendengaran," *Indogenius*, vol. 1, no. 3, pp. 133–138, 2022, doi: 10.56359/igj.v1i3.84.
- [26] A. Yoga, Darjati, and Ita Apriliani, "Penerapan Intervensi Manajemen Halusinasi Dalam Mengurangi Gejala Halusinasi Pendengaran," *Bul. Kesehat. Publ. Ilm. Bid. Kesehat.*, vol. 6, no. 1, pp. 33–41, 2022, doi: 10.36971/keperawatan.v6i1.107.
- [27] A. Pradana and A. Riyana, "Penerapan Terapi Musik Klasik Terhadap Penurunan Tanda dan Gejala Pada Pasien Dengan Gangguan Persepsi Sensori: Halusinasi Pendengaran di Puskesmas Cikoneng," *Nurs. Care Heal. Technol. J.*, vol. 2, no. 35, pp. 138–147, 2019.
- [28] N. O. Hidayati, F. R. R. Nur, R. A. Fauzi, and ..., "Pengembangan Intervensi Berbasis Cognitive Behavioral Therapy pada Pasien dengan Halusinasi Pendengaran: Sebuah Studi Literatur," *J. Ilm. Permas J. Ilm. STIKES Kendal*, vol. 12, no. April, pp. 323–328, 2022, [Online]. Available: <https://journal2.stikeskendal.ac.id/index.php/PSKM/article/view/60%0Ahttps://journal2.stikeskendal.ac.id/index.php/PSKM/article/download/60/67>