



Nursing Care in Tn. B And Tn. S with Disorders of Sensory Perception: Hallucinations

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ABSTRACT

This study aims to explain and evaluate the implementation of nursing care for patients who experience auditory hallucinations. The research method uses a case study approach by collecting data from initial assessments, nursing diagnoses, care plans, nursing interventions, evaluations, and discharge planning. The research results show that an initial assessment is carried out by identifying mental health history, behavior related to hallucinations, and triggering factors that may influence the patient's condition. The nursing diagnosis was determined as sensory perception disorder: auditory hallucinations. The treatment plan involves collaboration with the mental health team, behavioral monitoring, emotional support, and education of the patient and family. Nursing interventions include explanation of the nature of hallucinations, assistance in identifying reality, and use of relaxation and distraction techniques. Evaluations are carried out to assess the patient's response to the interventions provided and monitor changes in the intensity or frequency of hallucinations, discharge planning and provide information regarding warning signs. Conclusion: Nursing care for patients with sensory perception disorders requires a holistic approach and collaboration between nurses and the mental health team. Education for patients and families also has an important role in supporting the management of this condition.

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1. INTRODUCTION

The prevalence of mental disorders in the world based on data from the World Health Organization (2019) is around 264 million people experience depression, 50 million people experience dementia, 45 million people experience bipolar disorder and around 20 million people experience schizophrenia [1]. In someone who experiences schizophrenia, the most common symptom that appears is hallucinations. Hallucinations are the inability to perceive stimuli or objects that are not actually real, but are considered real.

Hallucinations are a perception disorder where a person wrongly perceives something that is not actually happening [2] There are several types of hallucinations in patients with mental disorders, including auditory, visual, taste, smell and touch hallucinations [3]. However, a mental disorder problem that often occurs is auditory hallucinations [4]. Auditory hallucinations are perceptual disturbances that the patient hears but has no form, the sounds that appear can be unpleasant, threatening to kill and destroying [2].

Some auditory hallucinations involve threats of killing, self-harm and injuring others [3]. If this is not treated immediately, it can have fatal consequences and harm other people. Auditory hallucinations can be treated by shouting, chatting with other people, carrying out scheduled activities and adhering to taking medication [5]. If these four methods are implemented well by the patient, they can prevent hallucinations from occurring. However, if this is not done, it can have a bad impact and cause sufferers to experience continuous hallucinations which can harm themselves and others [2].

2. RESEARCH METHOD

This nursing care carried out at psychiatric hospital aims to determine the effect of implementing ways to control auditory hallucinations in four ways. This care was carried out for 1 week. The first thing the nurse does is approach the patient, then carry out an assessment of the patient by formulating nursing problems, planning nursing actions, carrying out nursing actions and finally evaluating the patient's condition regarding the actions that have been given.

Data collection methods were carried out during the assessment, namely by interviews, physical examination and observation. Interviews were conducted on 2 patients, physical examinations were carried out head to toe on the patients, and observations were carried out by directly observing the patient's behavior.

3. RESULTS AND DISCUSSION

3.1. Result

Table 1. Assasement Data

No	Aspects studied	Patient 1	Patient 2
1.	Patient's name	Mr. B	Mr. S
2.	Age	26 years	37 years old
3.	Gender	Man	Man
4.	Education	Not completed in primary school	Not completed in primary school
5.	Position in the family	The patient is the first child of 3 siblings, and is the only boy.	The patient is the second child of 2 siblings, the patient is the only son.
6.	Since when has he been treated at the RSJ?	The patient has been treated since November 1, 2023	The patient has been treated since November 7 2023
7.	How many times was it treated?	This is the first time the patient has been treated at psychiatric hospital	This is the first time the patient has been treated at psychiatric hospital
8.	Is there a family member who experiences mental disorders?	No family members have mental disorders	No family members have mental disorders
9.	The initial symptoms that appear	The patient often talked to himself, the patient said he heard an unreal voice telling him to hurt himself.	Changes in behavior such as being quiet, being emotional, having trouble sleeping, destroying things.
10.	When did the symptoms appear	Symptoms appear when you wake up	Symptoms began to appear 6 months ago and the symptoms are uncertain
11.	Behavior that occurs during hallucinations	Patients often talk to themselves, daydream, are alone, disoriented to time, lack eye contact	Patients often talk to themselves, are restless, withdrawn.
12.	Are there any withdrawal symptoms?	The patient had no withdrawal symptoms.	The patient had no withdrawal symptoms
13.	The family member closest to the patient	Father and mother	The patient's father, mother and older sister
14.	Has the patient ever been visited by family?	Never	Once

The medical diagnosis in patient 1 is paranoid schizophrenia, with nursing problems Sensory perception disorders (auditory hallucinations). The pharmacological therapy given to patient 1 was Trixyphenidyl, Olanzapine, and Clozapine. In patient 2, he was diagnosed with paranoid schizophrenia



with nursing problems. Sensory perception disorders (auditory hallucinations). The pharmacological therapy given to patient 2 was Risperidone.

The nursing action carried out by the nurse for patient 1 and patient 2 was the strategy for implementing how to control hallucinations with 4 SPs which were carried out over 6 meetings, where the results were that patient 1 was able to carry out the action well, the nurse taught how to control hallucinations by rebuking, chatting with other people, carry out scheduled activities, and comply with taking medication. In patient 2, it was also found that the patient was able to follow and carry out every SP that had been taught by the nurse. Patients 1 and 2 seemed cooperative and could understand the nurse's explanation well and could apply ways to control hallucinations in the patient's daily activities when symptoms reappeared.

3.1. Discussion

Before implementing it, nurses always build a relationship of mutual trust (BHSP) with the patient in order to gain the patient's trust. In implementing the implementation strategy for patient 1 and patient 2, after implementation, the results showed that both patients were able to carry out the implementation well because they were willing to follow the nurse's interactions and directions [5]. 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 his hallucinations using these four methods, the patient was able to practice how to rebuke, how to converse with other people, carry out scheduled activities and adhere to taking medication [6], [7]. Likewise with the patient's behavior, after the implementation was carried out for 6 meetings, the patient was cooperative, there was eye contact, the patient wanted to socialize and interact with friends, daydreaming decreased, the patient was no longer isolated. Meanwhile, in patient 2 there was a difference during each assessment where patient 2 said it was more comfortable to write rather than convey verbally when conveying complaints, then when the implementation was carried out using implementation strategies the patient was found to be able to understand well how to control hallucinations, the patient was also able to practice again every time implementation strategies that have been taught [8]. Then, after implementing it for 6 meetings, the patient appeared cooperative, there was eye contact, the patient was willing to socialize and take part in activities with friends, the patient seemed no longer alone. And from the two patients it was found that complaints of hearing whispers were greatly reduced and they felt better every day after receiving guidance on controlling hallucinations from the nurse [9].

4. CONCLUSION

Based on the nursing care given to patients 1 and 2, it was found that there was a difference when the patient wanted to convey a complaint, namely that patient 1 expressed it verbally, patient 2 was more comfortable conveying it in writing, which here we can pay attention to when we want to provide nursing care for patients with disorders. Our psychology must prioritize patient comfort, where if we make the patient comfortable with our actions, the patient will be more open to conveying his complaints.

Then, it was found that there was good progress after nursing care was carried out 6 times, namely that the patient was able to socialize with other people, complaints of hearing whispers decreased, being alone was reduced, compliance with taking medication increased and the patient was more confident every day after being taught how to control hallucinations using strategies. implementation. Patients also appear active in daily activities such as singing, leading prayers, and other activities. And the hope of patients 1 and 2 is that they will soon recover from their illness and want to be able to socialize again in the community.

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