



Nursing Care in Hallucination Patients

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ABSTRACT

The aim of this study was to examine the implementation of nursing care for two patients who experienced hallucinatory sensory perception disorders. The research method uses a case study approach with data analysis through medical records, observations, and interviews with patients and families. The results showed that both patients experienced sensory perception disorders in the form of auditory hallucinations. The initial assessment includes identification of mental health history, observation of hallucinatory behavior, and precipitating factors. The nursing diagnosis was determined as sensory perception disorder: hallucinations. The treatment plan involves collaboration with the mental health team, use of drug therapy prescribed by the doctor, as well as nursing interventions such as education about stress management, distraction techniques, and increased coping. Evaluations are carried out periodically to monitor the patient's response to the interventions provided. The conclusion of this study is that nursing care for patients with sensory perception disorders requires a comprehensive approach that includes collaboration between nurses, mental health teams and families in order to help improve the quality of life of patients with sensory perception disorders, especially in managing the symptoms of hallucinations.

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1. INTRODUCTION

Mental health is a condition of a person who has the ability to adapt well to himself, other people, society and the environment [1]. Mental health in humans can be interpreted as a condition of realizing mental function and the ability to face problems, feeling happy and self-sufficient. Mental disorders are symptoms or patterns of psychological behavior that appear clinically that occur in a person related to stressful conditions or painful symptoms [2]

Schizophrenia is a psychiatric disorder that can affect the way the brain works. The disorders that arise can attack thoughts, perceptions, emotions, movements and behavior. Schizophrenia is a disease that cannot be interpreted as a separate disease. This is because schizophrenia is a disease process that includes many types with various symptoms [3]. Schizophrenia is a clinical syndrome characterized by severe and diverse psychopathology, including aspects of cognition, emotion, perception and behavior, with thought disorders as the main symptom [4].

Hallucinations are disturbances in sensory perception of an object without any external stimulation [5]. These disturbances in sensory perception include all five senses. The more acute the psychosis, the more often you will encounter disorganized hallucinations and unsystematic hallucinations. If not treated immediately, hallucinations will have an impact on the surrounding environment, such as frequent anger, hitting, and even leading to actions that can be life-threatening.

2. RESEARCH METHOD

The method used is a case study of nursing care including assessment, formulation of nursing diagnoses, intervention, implementation and evaluation by focusing the intervention on therapeutic communication. The subjects used were two schizophrenic patients with hallucinations. Mr. U often sees animals around him so he often gets scared, laughs and talks to himself. Mr. S often hears noises like there are lots of people around him, daydreaming, laughing and talking to himself.

3. RESULTS AND DISCUSSION

3.1. Result

This nursing care was carried out with the aim of knowing the effect of implementing ways to control hallucinations in four ways. This nursing care is carried out for 1 week. The first thing the nurse does is approach the patient, then conduct an assessment of the patient, formulate nursing problems, plan nursing actions, carry out nursing actions and finally evaluate 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.

No	Aspects studied	Patient 1	Patient 2
1.	Patient's name	Mr. u	Mr. S
2.	Age	33 Years	32 years
3.	Gender	Man	Man
4.	Education	SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL
5.	Position in the Family	The patient is the 3rd child of 3 siblings	The patient is the 3rd child of 4 siblings
6.	Since when has he been treated at the RSJ?	03 November 2023	October 25, 2023
7.	How many times was it treated?	First time	Twice
8.	Is there a family member who experiences mental disorders?	No	No
9.	Initial symptoms appear	The patient often daydreams, talks, smiles to himself, and the patient often feels scared because he feels there are many animals around him.	The patient often daydreams, talks to himself, smiles to himself, is sometimes alone, and the patient often hears noises as if there are many people around him.
10	When did the symptoms appear	The patient said that when he was alone he often saw these animals.	The patient said the sound appeared when the patient was alone and the time was uncertain.
11	Emergent behavior	Laughing to yourself, talking to yourself, slamming things because of the animals.	Laughing alone, Talking alone, Alone, Daydreaming.
12.	Are there any withdrawal symptoms?	The patient had no withdrawal symptoms.	The patient had a history of drug withdrawal, previously the patient had been admitted to hospital in 2022, then the patient was readmitted because the environment around his house was disturbing, after investigation it turned out that the patient was not taking his regular medication so he experienced hallucinations again.



13	The family member closest to the patient	Mother	Older brother
14	Has the patient ever been visited by family?	Never	Never

The medical diagnosis in patient 1 is schizophrenia (Sensory Perception Disorder: Vision). The pharmacological therapy given to patient 1 was Olanzapine. In patient 2 the medical diagnosis was paranoid schizophrenia (Sensory Perception Disorder: Hearing). The pharmacological therapy given to patient 2 was Olanzapine 10 mg, Risperidone 3 mg, Trihexyphenidil 2 mg, Clozapine 25 mg.

The nursing action carried out by the nurse for patient 1 and patient 2 was the strategy of implementing the Hallucination method with 4 SPs which was carried out over 4 meetings, where the results were that patient 1 was able to carry out the action well, the nurse taught how to control hallucinations by identifying the cause of hallucinations and controlling hallucinations by scolding, chatting with other patients, carrying out scheduled activities and then taking medication regularly.

Then for patient 2 the results obtained were that the patient was able to carry out actions well, the nurse taught how to control hallucinations by identifying the cause of hallucinations and controlling hallucinations by rebuking, chatting with other patients, carrying out scheduled activities and then taking medication regularly [6].

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 were that both patients were able to carry out the implementation well because they were willing to follow the nurse's instructions and directions [7]. 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 in 4 ways, the patient appeared cooperative, eye contact increased, the patient preferred to gather with other patients and sing.

In patient 2, after implementation, the patient was able to carry out the activities that had been taught, there was an increase in the patient's ability to control hallucinations, initially the patient controlled them by just covering his ears, now he was able to control them by shouting. Initially the patient did not want to talk to other people, now he is able to converse with other people [8]. Initially the patient liked to be alone, now he is able to carry out scheduled activities in the treatment room well.

4. CONCLUSION

Based on the nursing care given to patient 1 and patient 2, it was found that there was a difference after the nursing care was provided, namely that patient 1 preferred to gather together to do activities such as doing TAK. In patient 2 he preferred to chat with other patients.

Then it was found that there was very good progress after nursing care was carried out 4 times, namely that the patient was able to communicate well with other patients, complaints of seeing and hearing things that were not real began to decrease, frequent solitude and daydreaming decreased, talking and smiling alone decreased, Compliance with taking medication began to increase. Patients also appear to be more active in daily activities such as exercising together, singing together, leading prayers, and other activities.

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